

BOROUGH OF POOLE.



Annual Report

FOR 1920

ON THE

**Health and Sanitary
Circumstances of the
Borough**

BY

A. T. NANKIVELL,

M.D. (Lond.), D.P.H. (Camb.).

*Medical Officer of Health
and School Medical Officer.*

BOROUGH AND COUNTY OF TOWN OF POOLE.



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HEALTH AND SANITARY
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OF

THE BOROUGH AND PORT OF POOLE

TOGETHER WITH

A RECORD OF THE WORK

OF

THE SCHOOL MEDICAL SERVICE
IN THE BOROUGH

BY

A. T. NANKIVELL, M.D. (Lond.), D.P.H. (Camb.),

Gold Medallist in State Medicine of the University of London; Bachelor of Surgery of the University of London; Licentiate of the Royal College of Physicians; Member of the Royal College of Surgeons; Medical Officer of Health to the Borough and Port of Poole; School Medical Officer to the Borough; Medical Superintendent of the Borough Isolation Hospitals; Member of the Royal Sanitary Institute and Fellow of the Society of Medical Officers of Health, etc., Formerly Temporary Captain R.A.M.C.; Medical Officer of Health of St. Austell Rural District and Demonstrator of Public Health at King's College in the University of London.

STAFF OF PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health	A. T. NANKIVELL, M.D., D.P.H.
Sanitary Inspector	F. ST. B. RAMSDEN. *
Sanitary Inspector	P. W. WHEELER. *
Health Visitor	H. I. PARTRIDGE.
„	L. HOOPER.
„	B. A. SYDENHAM.
„	A. NORRISH.
Matron of Alderney Hospital	MRS. NIPPARD.
Disinfectors	H. G. NIPPARD.
Clerks	C. A. TRIM.
	F. B. EDWARDS.
Junior Clerks	E. H. M. NIPPARD.
	E. M. C. EDWARDS.
Laboratory Assistant	S. MARSHALL.

* Holding certificates for Sanitary Inspectors, granted by the Royal Sanitary Institute and certificates for Food and Meat Inspection.



About the middle of February, when this Report was in the hands of the Printers, a circular Memorandum (40/Int.) was received from the Ministry of Health regarding additional information required by the Ministry in the Annual Reports of Medical Officers of Health. This Report contains most of this information, but is not arranged exactly on the lines desired by the Ministry. The Medical Officer of Health for Poole has always considered that a Report gains by early reproduction; and regarding this present Report, it was especially necessary to publish it as soon as possible, owing to the intended departure of the Medical Officer of Health to another Borough at the end of March.

March, 1921.

PART I.

PUBLIC HEALTH.





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PREFACE

To the Mayor, Aldermen and Councillors of the Borough of Poole.

I have the honour of submitting to you my Report on the Health of the Borough during the year 1920. This Report is on the lines required by the Ministry of Health, and differs therefore in arrangement from my previous Reports to you.

An Annual Report serves, like a stock-taking or an annual balance sheet, to show us how we stand at the end of the year; and we should be able to see from it what our gains and losses have been, and in what ways our work has been profitable or inadequate. It is the hope of the Ministry of Health that this annual report will be widely read, not only by Members of the Council, but also by the general Public: for before we can hope to see many more triumphs for Preventive Medicine we shall have to secure the whole-hearted and active co-operation of the people among whom we are working.

I hear it said sometimes by the ignorant that a Health Department is a waste of money. Yet the Health Departments of the Country have saved the lives of innumerable men from the ravages of Cholera, Plague, Smallpox and Typhoid Fever. I find from the death returns of this Town that if the death-rate of the year 1884 had persisted until the end of last year, we should have had over 4,800 more deaths than we actually had during that period. Preventive Medicine has, in other words, saved over 4,800 lives in Poole since 1884. Year by year an average of one hundred and thirty-five lives has been saved because the unhealthy conditions of the year 1884 have not prevailed until today. It is not easy to calculate the value of these lives in terms of pounds, shillings and pence; but, before the War, this yearly saving of life would have been equivalent to a rate in this Borough of about four shillings in the pound. So the Health Department, saving these lives and a large but unestimated amount of expensive sickness year by year, cannot rightly be considered a waste of Public money.

But while the Public Health Service has carried out improve-

ments in recent years, much still remains to be done, and I have drawn your attention throughout this report to matters in which we need to take action both now and in the future. It is our privilege now to be safeguarding the health of the next generation, and we need to have sight beyond the smoke of these present days : for where there is no vision the people perish.

It is with regret that I am leaving this Borough to begin similar work at Hornsey. I have seen, since I came to Poole, considerable improvements in the Public Health Service under your direction. My hope is that this work will increase and flourish for the welfare of the people in the Borough.

I should like to thank the Chairman and Members of the Health Committee for their sympathy and encouragement during the past year, and to tender my thanks also to my Staff for their diligent and loyal work. The Heads of the other Municipal Departments have given me help whenever I have asked for it, and I wish to express my appreciation of their co-operation. Ever since my appointment as your Medical Officer, the advice and assistance of the Town Clerk have been at my disposal and I have felt that I could always rely on his help and experience.

I am,

Your obedient Servant,

A. T. NANKIVELL.

January, 1921.

NATURAL AND SOCIAL CONDITIONS.

The *population* of the Borough of Poole was 38,885 in the census year 1911. The estimated mid-year population for the year 1920 was 43,400. A census of the people will be taken during the present year, and we shall then know with certainty what is the population of the Borough.

PHYSICAL FEATURES AND GENERAL CHARACTER OF DISTRICT.

The area of the Borough is 7,964 acres and Poole is the largest town in the County of Dorset. The Borough is about seven miles long from east to west, and from north to south about four miles. The large area of the Borough makes administration difficult.

The south western parts of the district are low lying. The eastern and northern areas are more hilly. The highest point of land in the district is Constitution Hill, and from this can be seen one of the most wonderful views in England.

The geological formations found in the Borough are as follows:—St. James' Parish is situated in alluvium; Hamworthy is on valley and plateau gravel and Bagshot beds; Sandbanks is of blown sand; Parkstone and Branksome are mainly on the Bagshot beds with pockets of plateau gravel. The Reading beds lie below these strata. The chalk outcrops a few miles north of the Borough.

RATEABLE VALUE.

The Rateable value of the Borough is £210,205, and a rate of one penny produces about £876.

CLIMATE.

The district enjoys an equable climate which is especially favourable to persons suffering from chronic chest complaints such as asthma and bronchitis. The large body of water in Poole Harbour serves to keep the district cooler in summer and warmer

in winter than most of the other and less fortunate south coast resorts. The pine woods of Parkstone also have a modifying influence in climatic conditions.

OCCUPATIONS AND INDUSTRIES.

No Trades are carried out in the district that are especially injurious to health. Although there are large Pottery and Tile works, no case of lead poisoning has come to the notice of the Medical Officer during the year, since leadless glazes are used considerably in these factories. The inhabitants of the Borough are engaged in a variety of occupations—at the Potteries, at the Gasworks and at Timber yards. There are many Fishermen and Waterside Labourers. Some of the inhabitants of Branksome find occupation in the neighbouring Borough of Bournemouth.

VITAL STATISTICS.

In order to make this report more readable, and for reasons of convenience in reference, all the Tables of Statistics are placed together at the end of the report.

The birth-rate for the year 1920 was 23·6 per thousand population. This is higher than it has been for nine years. Whether a high birth-rate is good or bad is a matter for dispute; but it would seem undesirable for any country to have a population larger than that country and its colonies can support economically. Certainly it is a terrible waste of human energy for a high birth-rate to be accompanied by a high rate of infant and child mortality—for children to be born merely to fill the grave-yards.

The marriage rate for the year 1920 was 22·0. This is a relatively high rate. A high marriage rate indicates that people are doing well economically or have hopes of success in business or trade in the near future. No doubt the rate of last year would have been higher were it not for the house shortage—many young people would have been married if they could have found a home. It is a matter for regret that some people marry who ought, on account of disease, to remain single. They marry thoughtlessly and in haste and their children repent it at leisure. The case of

a man with uncured syphilis came to the notice of the Medical Officer during the year. The man married: his wife is now syphilitic; and their children, if they ever have any, will be born diseased, and will live crippled and perhaps blind—and be an everlasting disgrace and sorrow to their father. In this country we need some legislation to prevent marriages of unfit and diseased people. Other nations forbid their unfit persons to marry, and we might well do the same. In the course of two generations such laws would save the country millions of pounds—blind people would no longer need support and two-thirds of our asylums, prisons and workhouses would be closed.

The rate of infant mortality for the year 1920 was 75 per 1,000 births. This is a satisfactory rate, although it is not quite so good as last year. Some of the causes of infant and child mortality are discussed briefly in a later section of this report.

The general death-rate for the year 1920 was 10·8 per 1,000 of the population. This is a satisfactory rate and is one of the lowest on record. The causes of death are classified and shown in Table O. Table R shows the death-rates from Cancer and from Tuberculosis during the last twenty years. Table S shows other vital statistics from the year 1884 down to the present day.

THE AMOUNT OF POOR LAW RELIEF.

On January 1st, 1921, there were one thousand, one hundred and nineteen persons who were in receipt of some form of relief from the Guardians of the Poor.

UNEMPLOYMENT.

There was a considerable amount of unemployment in the Borough during the year, mostly among those who work at unskilled trades. The Labour Exchange gives the following figures of unemployment on the first day of each month throughout the year:—January 990, February 971, March 904, April 669, May 627, June 569, July 506, August 502, September 443, October 598, November 816, December, 727. Much necessary public work,

especially of constructing sewers, needs to be done in the Borough, and in this many of those at present unemployed could be found useful occupation.

HOSPITAL AND MEDICAL SERVICES.

The Cornelia Hospital is a building that holds 60 patients. It was practically full throughout the year, and the institution is deservedly popular and does admirable work. Certain maternity cases and certain cases of illness in children under five years of age are admitted there on the order of the Medical Officer of Health under the Council's Maternity and Child Welfare Scheme; and the operative treatment of tonsils and adenoids, the XRay treatment of Ringworm of the Scalp and Ophthalmic work is undertaken there by Specialists for the children attending public elementary schools, who are referred for treatment there by the School Medical Officer. The Borough of Poole Isolation Hospitals take the cases of Infectious Disease in the Borough and 366 persons were admitted for treatment in 1920 (see p. 30). The Borough of Poole School Clinics for Minor Ailments are very popular, and last year 5,940 children were seen at these Clinics by the School Medical Officer (see part II of this Report). The Borough of Poole Schools for Mothers have 342 mothers on their registers, and 360 infants were seen by the Medical Officer during the year. A Convalescent home at Swanage, organised by the Red Cross Society, keeps three beds for Poole Children. These beds are always full and additional convalescent hospital accommodation for children in the Borough is badly needed.

The Dorset County Council has adapted a private dwelling house in Parkstone to take twenty patients suffering from Tuberculosis of the Lungs. This home is supposed to be used for advanced cases of the disease.

It is however a matter for great regret that a large ward at the Alderney Heath Isolation Hospital has been empty throughout the year. This ward has been sanctioned by the Ministry of Health for the treatment of Tuberculosis, and the Ministry has given permission for fourteen cases to be treated there. But the

Dorset County Council, which is the Authority for caring for the tuberculous people in this district, has sent no cases into this ward and has made no use whatever of this accommodation.

The future needs of the district regarding hospitals and homes may briefly be stated as follows:—the existing accommodation, especially available for the treatment of tuberculosis, should at once be utilised; the Cornelia Hospital urgently needs financial help; and a convalescent home for children is wanted. It would be very advantageous to the delicate and ailing children in the Borough if a school or schools on open-air lines could be established.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

WATER SUPPLY.

The water supply of the Borough is derived from a deep well in the chalk at Corfe Mullen about six miles to the north west of the Town. The water is pumped by two gas engines to a high level reservoir, and thence is distributed to the district.

Like most water supplies derived from the chalk, the water at Corfe Mullen well is subject to intermittent contamination. On the majority of days in the year the well water is of excellent quality, but after heavy rains it becomes contaminated with *B. coli*—an intestinal organism indicative of human or animal pollution.

Early in 1915, the Medical Officer advised that the water should be chlorinated. This was done during that year, and in the next three years by means of the addition of Bleaching Powder (Chloride of Lime) to the well water. A proper chlorinating plant was installed in 1919 and has been working satisfactorily during the year under review. This chlorinating plant delivers a known quantity of gaseous chlorine into the well water. It has been found that one part of chlorine in seven to eight million gallons is sufficient to ensure the sterilisation of the water.

Frequent samples of the well water and of the tap water in

the Municipal Buildings are examined bacteriologically in the Laboratory, and the drinking water has always been found to be of excellent quality.

To have a pure and safe water supply is a very great advantage to every Town; the only defect in the Poole water is that, like all other chalk waters, it is rather hard. A proposal to soften the water has not been considered favourably by the Council on the ground of expense.

RIVERS AND STREAMS.

A small river, the Bourne, arises in the northern part of the Borough and flows out to the sea through the ornamental gardens of Bournemouth. This small stream is not polluted by sewerage. Another little river runs down the Branksome Chine: this also is not polluted.

TIDAL WATERS.

Poole Harbour, on which parts of the southern and western areas of the Borough are situated, is a tidal water. Some research work done by the Medical Officer of Health in 1919 proved that the water of Poole Harbour is polluted by sewage which passes in on the first high tide from the open sea. The sewage of Poole and of Bournemouth discharges near the foreshore of the bay and is carried into the harbour by the rush of the incoming first tide. Apart from this pollution a certain amount of faecal matter finds its way into the harbour from the ships at the Quay or at moorings, and a few overflow surface water drains also discharge there. With a southerly wind and a flowing tide, pieces of faeces and of paper are deposited from the open sea upon the beach at Sandbanks and eastward of that place. This offence, to which only a few bathers seem to object, could be removed by the proper screening of the sewage before its discharge into the sea.

DRAINAGE AND SEWERAGE.

St. James' Parish, Sterte, Longfleet, and part of Parkstone is sewered in connection with a sea outfall sewer at Poole Head. The sewage discharges into the sea at a distance of 1,800 feet from

high water mark. A small area in the east of the district is sewer-
ed in connection with the Bournemouth sewers. The remainder
of the eastern part including Branksome Park and Upper Parkstone
drains into a sewer which discharges at Branksome Chine at a
distance of 1,050 feet from high water mark.

There are large areas of the Borough which are still unsewer-
ed. The Ministry of Health have sanctioned a scheme for the
sewering of the Parish of Hamworthy, but up to the time of
writing this report the work of constructing these sewers has not
been begun. There are no sewers for the large and populous
district of Sandbanks where there are 110 houses : the people who
live there have to get along as best they can with pail closets and
cesspools. The whole of the district of Newtown with 179 houses
is also unsewered, and there are no sewers in Rossmore. The part
of the Borough known as "Heavenly Bottom" is unsewered and
the so-called roads there are unpassable during wet weather : the
disgusting state of this area was the matter for a strong report by
the Medical Officer to the Health Committee during the past year.
Although the Council has decided to sewer three of the roads in
Heavenly Bottom no action has yet been taken.

Cesspools and pail closets are relics of barbarism, and no
excuse can be made for their retention in this Borough, parts of
which, at any rate, claim to be fashionable health resorts. The
cost of sewer-
ing the Borough might be considerable, but year by
year over a thousand pounds is spent in emptying these cesspools
and pail closets.

There are altogether 302 cesspools in the Borough, and they
were emptied on 1,756 occasions. There are 182 pail closets and
they were emptied 9,387 times. This work is under the control of
the Medical Officer. The cost of this work during the year under
review was £1,047 ; this sum includes the cost of labour and
repair ; but not the cost of keeping the two horses used at the
work. (See also Tables A. and B.)

CLOSET ACCOMMODATION.

Except for the 182 pail closets already mentioned which are

emptied once a week by the Health Department, the conservancy system of excrement disposal is not found in the Borough. In populous and closely built centres the houses are sewered. A few houses that were not connected to the sewer were reported to the Committee during the year. Some of these houses were ultimately connected, but in other cases the Committee did not feel justified in undertaking the work as it seemed unlikely that the cost would be recoverable from the owners.

SCAVENGING.

The scavenging of the Borough is carried out by the staff of the Borough Surveyor's Department, acting under the direction of the Health Committee. Certain parts of the Borough have a daily collection of refuse ; in others the collection is made twice weekly, but in the majority of places in the Borough the collection of house refuse takes place only once a week. House Refuse should be collected at least twice weekly from every house in the district.

Each house ought to be provided with a sanitary ashbin made of metal and adequately covered. The Poole Corporation Act of 1919 contains a section by which the provision of such bins can be made compulsory ; but the Health Committee during the past year refused to enforce this. The result is that the vast majority of the poorer class of house has no decent ash and rubbish bin, and filth accumulates in heaps outside the doors or in leaking and uncovered boxes. And of course it is in collections such as these that the children like to rummage for the cast-away possessions of their elders. If the Council cared to enforce their own Act of Parliament, all this could be remedied in few months time.

The cleansing of the streets and courts of the Borough is carried out by the staff of the Borough Surveyor's Department. Many of the roads are tarred and some are paved with wood blocks. The wood block roads ought to be washed with a hose every night, as this is by far the most satisfactory way of cleansing them. More frequent street cleansing would be of benefit to the district. All the courts in the Borough and many enclosed back yards and other dark and dirty places were limewashed twice last year by a man from the Medical Officer's Department. Reference has already been made to pail closets and to cesspools (p. 11).

Fæcal matter from cesspools is emptied into the public sewers. The contents of the pail closets are taken outside the town and dug into a field there. The domestic refuse and street sweepings are disposed of in Tips, which are in consequence excellent breeding places for flies which cause summer diarrhœa and the deaths of young children. There are three large Tips in the Borough, one at Baiter, one at Whitecliff, and the third at Bourne Valley Pottery. There were six deaths of young children from Diarrhœa last year. A Tip on which the Corporation of Bournemouth deposited their refuse at Newtown was recently abandoned for that purpose.

During the summer and autumn an attack was made by the Health Department on the collections of horse manure, especially in the old Town. Over thirty filthy manure heaps were discovered. These were removed and the further accumulations taken away once a week.

To see a clean Town, and to secure municipal and private cleanliness, should be the object of us all, and when we have attained that end we shall find a lightening of our burden of sickness and death.

SANITARY INSPECTION OF THE DISTRICT.

A record of the number and nature of the inspections performed during the year is set out in Table C. It was found necessary to serve 290 preliminary notices for the remedy of insanitary circumstances. Statutory notices were served in 75 instances. All statutory notices were complied with except 26 which were outstanding at the end of the year. It is the wise policy of the Health Committee to insist, by prosecution if necessary, on obedience to the notices or orders served, and the attitude is gradually being appreciated by the owners of insanitary property.

CONTROLLED PREMISES.

There are no offensive trades in the Borough and speaking generally trade premises are kept clean and are well conducted. There is room for improvement regarding the protection of fresh food from flies in the various food shops and stores.

There are only 8 houses let-in-lodgings in the Borough, although in very many other houses lodgers are taken and parts of the dwellings are sublet.

There are no underground sleeping rooms in the district and therefore no regulations for controlling these are required.

Details of Factory and Workshops inspections are shown in Table C.

OTHER CONDITIONS.

Public Baths were established during the year in the Borough opposite the Town Hall. The bathing accommodation consists of four slipper baths and one shower bath. The baths have been well patronised during the six months that they have been open and they have been used by 2,667 persons. These baths are under the control of the Health Committee and the Medical Officer. It is hoped to make use of them for the bathing of School Children.

Destruction of Rats. Throughout the year every effort has been made to secure the destruction of rats. Details of the methods employed were given in the report of last year, and nothing needs to be added to this. During 1920 the rat catcher visited 45 premises on 214 occasions and destroyed the rats there. In addition poison was put down in large quantities at Baiter and at Sandbanks. The rat population of the Borough is therefore being kept under control.

Mosquitoes. Once a week during the spring and summer all the fresh water ponds in the Borough were sprayed with Kerosine. Several pools were cleaned and the stream in Branksome Chine was also treated. These measures resulted in a considerable decrease in the numbers of mosquitoes, and the residents when questioned have testified to a diminution of these pests compared with previous years. As we have many breeding places for Anopheline, or Malaria-carrying mosquitoes in the Borough, it is important to do all that is possible to reduce the incidence of these biting flies. Kerosine when sprayed upon the surface of water kills the young mosquitoes that are living there.

SANITARY CONDITION OF SCHOOLS.

The Medical Officer of Health is also the School Medical Officer and this ensures that the closest possible co-operation exists between the School Medical Service and the Public Health Administration.

All the schools in the Borough are supplied with water from the Corporation main. With the exception of two schools—Hamworthy and Oakdale—all are connected to the sewers. Generally speaking the sanitary conditions of the schools are moderate. A black list of insanitary conditions in the schools appeared in the report of the Medical Officer for 1919 and caused much adverse comment among the Managers of the Schools. Many of these insanitary conditions have now been remedied, but there still remains room for improvement. See also Part II of this Report.

Action is taken to detect and prevent the spread of infection in schools. By visits to the School, and by class-to-class examination of the children, it is often possible to discover cases of infectious disease. Many cases of Ringworm, Scabies, Vermin and Impetigo, for example, have been brought to notice in this manner during the year. At the Routine Inspections, again, certain cases of infection are discovered. It is a rule whenever a child is found in or out of school, complaining of a sore throat, that a swab is taken; and several Diphtheria “carriers” have been discovered in this way. They were of course removed to the Isolation Hospital. The Teachers have been instrumental in bringing to the notice of the School Medical Service many cases of infective disease; if a Teacher considers that a child is in or away from School and may be suffering from any infectious condition, a notification of this is sent at once to the School Medical Officer. It would be ideal to have sufficient nursing staff properly to follow up all these cases to their homes, but at present this is not possible.

The contacts of Measles, Chickenpox, Mumps and Scarlet Fever are excluded from School unless they have had the disease in question. Contacts of Diphtheria are excluded until their nose and throat swabs are found to be negative. A Notice is sent to

the infected house, saying that no child from that house may attend School without the written consent of the Medical Officer and the School is also informed of this. When it appears that contacts may safely re-attend School, another Notice is sent giving permission. On the back of these Notices a short description of the signs and symptoms of the disease is printed.

In the event of any serious School epidemic all the energies of the Health Department would be focussed in stamping it out. The Laboratory is prepared at any time to examine large quantities of nose and throat swabs.

The School Medical Officer does not advise School closure except in rare instances; for, when the Schools are closed and the children scattered about the Town in their homes, the Health Department loses at once its main source of information about prevalent sickness.

The Poole Corporation Act, 1919, has given powers to exclude children from Sunday Schools and places of Public Assembly when they are excluded from School on account of certain infectious diseases. This is a valuable provision, since it is obviously useless to exclude, say, a Scarlet Fever contact from day School, if it is allowed to go to a Cinema Show or a Sunday School.

The School buildings have been disinfected from time to time throughout the year.

All houses in which children have been residing while suffering from infectious disease or from Scabies have been disinfected and infected articles have been removed for sterilisation by steam.

FOOD.

Milk Supply. Inspections have been made from time to time throughout the year of the Dairies, Cowsheds and Milkshops in the Borough and unhealthy conditions have been remedied whenever they were discovered (Table C). No action has yet been taken regarding tuberculous milk. Generally the milk shops and Dairies in the district are very well kept; but there remain a few

general shops that, very improperly, retail milk. These premises are often entirely unsuitable; and these small retailers, who have insanitary premises, should be discouraged by the public. Nothing is more poisonous, especially to children, than dirty and infected milk.

Tables E and F give details of the work during the year under the Sale of Food and Drugs Acts. There were 7 prosecutions taken against vendors of adulterated milk during the year, and in one instance the vendor was warned. These Sale of Food and Drugs Acts have as their object the protection of the consumers against adulterated foods and reference to the above-named tables will show that satisfactory work has been done in this respect during the year.

MILK (MOTHERS AND CHILDREN) ORDER, 1918.

Altogether 284 persons were supplied either with milk or with dried milk at reduced rate or free of cost during the year. Further mention will be made of the great value of this milk distribution in the section of this Report devoted to Maternity and Child Welfare (p. 27).

OTHER FOODS.

Table D shows the amount of unsound food destroyed during the year. As the result of successful prosecutions in past years, the sellers of food now call in the Staff of the Health Department to examine doubtful foodstuffs, and a large quantity of unsound food has been brought to our notice during the year owing to this action of the sellers.

Food premises, shops, foodstores and factories, bakehouses and slaughterhouses have been inspected during the year and generally the conditions found were satisfactory. Details of the visits to these food premises are given in Table C.

There is no public slaughterhouse in the Borough.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

(See Table J).

Smallpox, Typhus Fever, Continued Fever, Cholera, Dysentery, Relapsing Fever, Trench Fever, Poliomyelitis. There were no cases of these diseases notified during the year.

Enteric Fever. There were 7 cases of this disease during the year. The source of infection was not ascertained in five cases. In two other instances the men contracted the infection abroad and became ill shortly after returning to this country.

Scarlet Fever. 70 cases of this disease were notified. Probably several others occurred in which the parents of the sick child did not call in a Doctor because the child seemed to be so little ill. These "missed" cases are those which cause the spread of the disease. There were no deaths during the year from Scarlet Fever. The disease was practically absent from the district during the summer and early autumn.

As soon as a case of Scarlet Fever is notified, a visit is made to the house. The patient is removed to the Isolation Hospital and contacts are supervised. The house and bedding from the sick room is disinfected, and children from the house are kept away from school for a fortnight. The scholars of a class in which a case of Scarlet Fever has occurred are examined in order if possible to ascertain the source of infection.

Scarlet Fever is a disease which periodically comes in epidemic form to a district in much the same manner as epidemics of influenza. The reason for this cyclical occurrence is not known. The control of Scarlet Fever is most difficult on account of the mild, atypical and missed cases, which escape notification and isolation, and so continue to spread the infection.

Diphtheria. There were no epidemics of this disease during the year. 141 cases of Diphtheria were notified, of which 39 were "carriers," 86 were genuine cases of Diphtheria, and 16 were cases

of simple tonsillitis. No less than 1326 throat and nose swabs of contacts were examined during the year, and by this means these 39 "carriers" or positive and infectious contacts were discovered.

Diphtheria is spread (1) by infection by a healthy "carrier" of the Diphtheria bacillus, (2) by infection from a case of the disease, (3) by infected milk and (4) by infected articles of clothing etc. The first method of infection is most common. In dealing with every case of Diphtheria in the district an effort is made to take swabs from all the immediate contacts, and to isolate those who are found to be infectious. The taking of these swabs is entrusted to the four Health Visitors, and they swabbed 1,326 childrens' throats and noses during the year. Diphtheria carriers and infectious contacts are removed to the Isolation Hospital.

Every child coming to one of the School Clinics and complaining of a sore throat, and every child who is found with a purulent nasal discharge is at once swabbed. By this means it has been possible to detect many early cases of Diphtheria during the year.

Success in treating Diphtheria and in saving life depends upon (1) early recognition that the child is suffering from Diphtheria, (2) early and sufficient dosage with antitoxin and (3) skilful nursing.

During the year under review out of 146 children admitted as Diphtheria to the Isolation Hospital only one died. That child came from outside the Borough, it had been ill at home for more than a week, it had received no antitoxin, and it died a few minutes after admission to the Hospital.

The Medical Officer considers that the absence of death from Diphtheria in the Borough during the year is attributable to the causes outlined above, and great credit is due to the Health Visitors for the recognition of early cases and to the Matron and the Hospital Staff for their admirable care of the patients.

Diphtheria antitoxin can be had by the Practitioners in the District for use among their cases. In the Hospital and in the district 1,776,000 units of antitoxin were used during the year.

Puerperal Fever. There was one case of Puerperal Fever notified during the year. Another woman died as the result of an alleged illegal operation. The practice of illegal operations and the taking of drugs for the purpose of producing abortion seems to be on the increase. The Medical Officer has had three cases brought to his notice during the year, but as sufficient evidence was not available no further action could be taken. At the present time there are at least two alleged abortionists practising, no doubt with financial advantage to themselves, in the Borough; but obviously their clients will not come forward to offer evidence against them.

Erysipelas. 16 cases were notified.

Malaria. 10 cases were notified. None acquired their infection in the Borough. Mention has already been made of the destruction of the mosquitoes by which this disease is spread.

Cerebro-spinal Meningitis. One case was notified.

Chicken-pox. 102 cases were notified.

Tuberculosis. 160 cases of pulmonary tuberculosis and 15 cases of other forms of Tuberculosis were notified during the year.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

The control of Tuberculosis should be upon the following lines (1) the supervision of the food and milk supply (2) the prevention of all causes that undermine the general health *e.g.*, bad housing, enlarged tonsils and all the other causes of malnutrition (3) the recognition of early cases (as in Diphtheria, the earlier a case is treated the better for the patient,) (4) adequate facilities for the treatment of all cases, (5) isolation of advanced and infectious cases, (6) the after-care of cured cases. The home visiting of cases and of their contacts, and co-operation, both with local Practitioners and with the School Medical Service, should be the means of detecting many early, and therefore curable, cases of tuberculosis. The use of X Rays for determining early tuberculous lesions is of great value. To wait until a patient shows marked physical signs of tuberculosis before beginning treatment is to wait too long.

Acute Pneumonia. There were 30 cases notified during the year.

Encephalitis Lethargica. 3 cases were notified. Two were mild cases. All the patients recovered.

Ophthalmia Neonatorum. This is a gonorrhœal infection of the eyes of newly born children. There were 15 cases of this disease notified during the year 1920. Three cases were admitted for treatment to the Borough Isolation Hospital under the Council's Maternity and Child Welfare Scheme. It was found possible to save the eyesight of all these babies. Without this hospital treatment, these three certainly would have gone blind. Those few uninstructed persons, who complain that an isolation hospital is an expensive luxury, should consider these little children; and ask themselves how much money their eyes or the eyes of their own children are worth.

Syphilis and Gonorrhœa. Apart from the eye inflammation of newly-born children, Venereal Diseases are not notifiable. It is therefore most difficult to estimate the total number of new cases of the disease that have occurred during the year. The Medical Officer of Health has seen thirty-eight persons during the year who came to him for diagnosis. From careful scrutiny of the death returns and from other information, it seems likely that at any rate there were 95 persons who suffered from the immediate or remote effects of Venereal Disease during the past year.

The treatment of Venereal Diseases is undertaken by the Dorset County Council, and at the time of writing this report there is still no Venereal Disease Clinic in the Borough.

Throughout the year, propaganda work has been undertaken by the Medical Officer of Health for the Borough with the object of instructing the people at large in the prevention of Venereal Diseases. He has given five public lectures in works and at other places, and with the approval of the Health Committee, has had a simply-worded poster fixed in the public urinals for men and in the factories in the town. He is prepared to lecture on Venereal Diseases at any time to any audience of men, and to see any morn-

ing at his Office any person who may be suffering from Venereal Disease. Free bacteriological examinations and blood examinations are undertaken in the Borough Laboratory.

Probably no other condition causes so much misery as Venereal Disease, No other condition leads to so much crippling and premature death. Indirectly, Venereal Diseases are more fatal than any other morbid condition; and Venereal Diseases and their control are to-day the greatest problem of our time. These diseases can with certainty be prevented and controlled, but before that can be accomplished the mass of the people, and the young people, must be carefully and clearly instructed. Very clear and definite education will need to be given in the future to the adolescents who will attend the new continuation schools, and we may hope as the result of this to see in after years a disappearance of these scourges of humanity.

Measles caused 3 deaths during the year. Although the disease is not notifiable, several cases were brought to the knowledge of the Medical Officer during 1920. Five cases were removed to the Isolation Hospital under the Council's Maternity and Child Welfare Scheme.

Epidemic Diarrhoea caused 7 deaths.

Whooping Cough caused 2 deaths.

Mumps. No outbreak of this occurred.

Scabies or the Itch. 279 cases of this very unpleasant ailment came to the notice of the Health Department during the year. Seventy-eight cases were treated in the Isolation Hospital under the Council's Education Scheme: the average length of stay of each case in Hospital was 9 days. The disease if treated at home may take months to cure. From the point of view of school grant, the isolation and quick recovery of these patients obviously represents a considerable saving of money. In all cases infected bedding was steam sterilised and infected bedrooms were disinfected.

Impetigo is a disease endemic in the Borough, and was epidemic during the first quarter of 1920. It is an infectious skin disease, and is a cause of some disability and much suffering. Under the Council's Education Scheme thirty of the worst cases were treated in the Isolation Hospital. The average length of stay in hospital was 8 days, which again represents a saving of school Grant. Cases treated at home often take weeks or even months to get well. See also Part II of this Report.

Influenza. Seven deaths were attributed to Influenza during the year. There was in the winter of 1919-20 a recrudescence of the influenza epidemic, but the mortality was not so high as in the winter before that. In the Autumn of 1920 there was another outbreak not associated with mortality and comparable to that which occurred in the summer of 1918.

The Control of Infection. It has already been stated above what action is taken in certain cases to prevent the spread of infection. Generally this may be summarised as follows:—every case is visited and isolated either at home or in hospital, contacts are supervised and isolated, insanitary circumstances found in the home are remedied, infected places and infected articles are disinfected, and strict inquiry is made into every case. A spot map is kept in the Office showing the distribution of infective disease in the Borough. The activities of every branch of the Health Service are centred on attempting to prevent the occurrence and spread of infection, and the closest co-operation exists between the Health Department, the School Medical Service, and the Infant Welfare Centres.

No cases of notifiable infectious disease occurred in the Port of Poole during the year.

Other Details regarding infectious diseases are given in Tables J and K.

MATERNITY AND CHILD WELFARE.

Midwives. The Dorset County Council is the local Supervising Authority under the Midwives Acts. The Medical Officer feels,

regarding a Borough such as this, where a complete Maternity and Child Welfare Scheme is in operation, that the midwives, so important an element for the success of this work, should be under the control of his Department, and that the present arrangement is unsatisfactory. There are five Midwives practising in the Borough.

Staff. Four Health Visitors (who are also School Nurses) are responsible for the visiting of children up to the age of five years. Each Health Visitor has her own District, and reports direct to the Medical Officer.

Co-operation with Voluntary Workers. A voluntary organisation, the Borough of Poole Schools for Mothers, which, until recently, has been known as the Poole Mothers' Association, has done excellent work during the past ten years in the Borough; and the efforts of this Association are now co-related to the work of the Medical Officer's Department. Co-ordination between these two (which are both working for the same purpose) is assured by the giving of a Council Grant of £100 per annum to the Association, and the presence of the Medical Officer and of two members of the Council on the Executive Committee of that Association. Two of the members of the Association are co-opted members of the Council's Maternity and Child Welfare Committee. The Borough of Poole Schools for Mothers have a salaried Lady Superintendent, whose duties are to attend the four Centres of the Association, and generally to supervise the work there.

Ante-Natal Work. A Mother in need of advice before the birth of her child can consult one of the Doctors who attends at the Centres of the Poole Schools for Mothers, or she can be seen by the Medical Officer of Health at either of the School Clinics. The Health Visitors also are always ready to give advice to expectant mothers. If the pregnancy is complicated the mother will be admitted, on the recommendation of the Medical Officer of Health, for treatment at the Cornelia Hospital. There is no specially designated "Ante-Natal Clinic" in the Borough; but the two School Clinics and the five Centres are prepared to carry out this work as well as their other duties. The Medical Officer of Health

and the Health Visitors gave advice to 453 expectant mothers during the year.

Natal Work. Out of a total of 1,066 births during the year, 42 were still-births: of the remainder, 460 were notified to the Health Department by Medical Practitioners, 538 by Midwives, 33 by Parents, and 35 were not notified. In every case where a birth was not notified a letter was sent asking for an explanation.

There are sufficient Midwives practising in the Borough. A certain amount of unqualified midwifery practice seems to be conducted by a few old women, who, if the case appears to be going wrong, call in a doctor. One of these relics of the days of Sarah Gamp was severely cross-examined at an inquest on a woman who died in Childbirth and she gave a written undertaking to discontinue her practices.

If it appears to the Medical Officer of Health that a woman cannot safely be confined in her home, he can recommend that she go for her confinement to the Maternity Ward at the Cornelia Hospital. There were 7 pregnant women admitted for their confinements to the Cornelia Hospital during the year under the Council's Maternity and Child Welfare Scheme.

Post-Natal Work. A Health Visitor calls at the House as soon as possible after a birth is notified, and does what she can by her help and advice to further the interests of the mother and the child. The visits of the Health Visitor continue at frequent intervals during the first few months of the child's life, and the child is kept under observation until it is old enough to go to school, when it comes under the care of the School Medical Service. Mothers are urged to go with their young babies to one of the Centres for educative purposes; but it is appreciated that, although the work done in these Centres is excellent, it does not appeal to all classes of mothers. The better class mothers, who have little or no need of instruction, form the majority of those who attend regularly at the Centres—the bad and careless mother does not go, and it is among this latter class that the work of the Health Visitor is so very valuable; for it is among this sort that the rate of Infant Mortality is generally high.

The minor ailments of children under five years of age are treated either at the Centres or at one of the Council's Minor Ailment School Clinics. Little children who need treatment for eye defects, or for enlarged tonsils and adenoids, are treated at the Council's Clinics, which are established at the Cornelia Hospital for the treatment of these conditions in School children. Children under the age of five years who need medical or surgical in-patient treatment are admitted to the Cornelia Hospital on an order from the Medical Officer of Health under the Council's Scheme. No less than 37 such children were admitted and treated between April and the end of the year, which shows how great a need there was for the provision of this form of treatment. Cases of notifiable infectious disease, including Gonorrhœal Ophthalmia, are admitted to the Isolation Hospital, and also certain cases of non-notifiable infectious disease *e.g.* Measles, Whooping Cough and Scabies, in those instances where it appears to the Medical Officer that hospital treatment is desirable. Twenty-three children under five years of age were treated for various conditions in the Isolation Hospital during the year, and all were discharged from the Hospital cured of their diseases.

It is never too early to begin to prevent disease, and this preventive and curative work among young children is of the utmost value. So many persons are going about the world, crippled, blind and diseased because of neglect during the first few years of life, and the Maternity and Child Welfare Scheme of the Council is to-day actually preventing these tragedies. But although we are doing so much good among these little children we might do more. Our scheme has only been working just over a year ; but already it is clear to all of us, who know the vast amount of work that needs to be done, that we are not able to do it all. We are only touching the fringe of it. The Nurses work daily from nine in the morning until five at night, and visiting is tiring work. The Medical Officer has, at times during the year, been working a seventy hour week. Work of all sorts increases, and very much more remains to be done especially among the young children. The Council will need before long to consider the appointment of an Assistant Medical Officer, probably a woman doctor, to assist in the work among expectant mothers and young children, and to help

in the increasing clinic work, and in the inspection of girl scholars both in the secondary and in the elementary schools. And we need more Nurses both for infant visiting and for school work. There is a small and diminishing section of the community which cries out against the appointment of additional Nurses, saying that these are leisured officials, limpets, parasites and a waste of public money. Yet public money could not be better spent than in nursing the sick and in preventing illness. If the death-rate and infant mortality rate of the year 1884 had been operative to-day we should have had 371 more deaths this year in the Borough than actually occurred, and the lives of no less than 84 little children would have been sacrificed. The saving of the life of even one little child is surely worth the salary of a Nurse. We ought to be sufficiently well staffed to be able to send a Nurse to visit each case of Measles and Whooping Cough and Diarrhœa, so that she can help in the home nursing of these sick children; but, as it is, we can visit only very few of these. Again, seventy-five per cent of absences of children from school are due to sickness or disability. We ought to be sufficiently well staffed to be able to send a Nurse to see every child who is absent from school for a day. The visiting would of course vastly increase the school attendances. Five more nurses to work among the children would cost the district less than a half-penny rate, and indeed might even cost nothing at all or represent a profit owing to the increased school attendances. There are about eleven thousand children under fourteen years of age in the district, and it is plain that with our present small staff of four Nurses we cannot do all that we ought among these eleven thousand. If the matter is regarded from its lowest aspect, namely that of the saving of pounds, shillings and pence, more nursing staff is to be desired—we should invest a little money now in order to make much later; in other words, we ought to be economical.

Distribution of Milk. Milk and Glaxo and other forms of dried milk are given in certain cases after strict enquiry by the Medical Officer, or are sold at cost price or slightly under cost price in certain circumstances. Free milk or milk substitutes are only given when the total income (after deducting rent and insurance) is less than seven shillings per head per week. During the year milk was allowed to 244 persons and dried milk to 40 persons

free of cost for periods varying between a week and a month. This distribution of milk is one of the most valuable means of improving the health of young children and of nursing mothers. The milk is given to prevent disease and the subsequent destitution, due to disease and crippling, that occurs if an infant is improperly fed. By feeding the little children now, we are preventing them from going to cripple homes and workhouses in the future. It is true economy to feed a child properly.

Boarded-out Children. The Guardians of the Poor have handed the supervision of these children and of their foster-parents to the Medical Officer's Department. During the year the four Nurses visited 71 children and their homes on 286 occasions. Generally the children are well looked after by their foster-parents.

Illegitimate Children. There is an admirable home for illegitimate children under a year of age at Parkmoor, Bournemouth Road. This home is under the supervision of the Medical Officer and it receives a grant from the Government.

Home for Unmarried Mothers. A home, supported by voluntary contributions, for girls who are waiting to be confined, has done good work during the year. The girls go to the Workhouse Infirmary for their confinements. This is not a good arrangement.

Nursery Schools, etc. There are no nursery schools or Crèches in the Borough, but very many little children aged three years old and upwards attend the infants departments of the public elementary schools. We have no special play-grounds for little children.

Work of Health Visitors. The Health Visitors have done the following work during the year. Visits to newly born infants 1024. Visits to children under 5 years of age 8413. At their visits they found that 46 children were doing badly; 426 were doing fairly well, and that 1,317 were progressing satisfactorily.

Other Work. In addition to the above, the following work has been carried out by the five Centres and by the Superintendent there:—360 infants received medical consultations which were held 107 times during the year; and these infants made 2,425

attendances. The babies were weighed and medically examined. Records of their progress were kept. Incipient disease is prevented by infant consultations such as these.

Three hundred and forty-two mothers attended at 110 health talks or lectures, and made altogether 5,217 attendances. Very much knowledge is disseminated among mothers, and by them to their friends and neighbours, by means of these Health Talks.

Over 5,600 children were received into the nurseries while the mothers were listening to the lectures.

Ante-natal advice was given to 453 mothers at the centres and in their homes by the Lady Superintendent, who made 1,548 visits during the year.

Infant Mortality. There were 77 deaths of children under one year of age during 1920. Details are given in Table P. These deaths correspond to a rate of 75 per 1,000 births. While this is a low rate it shows an increase over last year. It will be seen from Table P that the majority of the deaths of these children was due to ante-natal influences, to circumstances influencing the child before birth so that it was born sick and diseased or premature. Lack of vitality at birth, inanition and prematurity killed the majority of these children. In other words their mothers were diseased or in bad health. Syphilis was no doubt the cause of many of these deaths, and it seems likely that some of the others were due to the growing practice of women who take drugs in order to kill the child before birth—they fail to kill it at once, but it is born poisoned and dies later. Other factors regarding Infant Mortality were discussed more fully in the annual reports of 1914 and 1919.

Child Mortality. There were 13 deaths of children aged one to five years. Table O shows the causes of death.

PUBLIC HEALTH ADMINISTRATION.

Staff. The Public Health and School Medical Staff consists of the Medical Officer of Health, two wholetime Inspectors, four Nurses, two Clerks, two Office Girls, and a Laboratory Attendant.

BOROUGH ISOLATION HOSPITALS.

There are two Isolation Hospitals in the Borough, the one on the Baiter Peninsula in the Harbour, the other on Alderney Heath, three miles north of the town of Poole.

Baiter Hospital.—Is kept only for cases of Small-pox and Plague. It has not been used during the year. The Hospital contains 16 beds.

The provision of a suitable Small-pox hospital, such as this, is the best insurance that the Borough can have against a bad epidemic of Small-pox.

Alderney Isolation Hospital.—Is situated on the moorlands at the back of the Borough. It is an ideal health resort about two hundred feet above the sea level, built on gravel soil among the pinewoods. The patients in that institution benefit by these advantages.

The hospital consists of administrative buildings and six wards which can accommodate sixty adult patients. Considerably more child patients could be admitted without overcrowding, especially as the majority of cases are nursed out-of-doors and not in the wards.

The Staff of the Hospital consists of the Medical Officer; the Matron (Mrs. Nippard); Mr. Nippard who drives the ambulance, does the steam disinfecting, and, with the aid of a gardener, looks after the grounds; there are 7 Nurses; 3 Wardmaids; 1 Housemaid, a Cook and two Laundry Maids.

The Medical Officer visited the Hospital 340 times during the past year. He would like here to place on record his appreciation of the work of the Matron and Staff. To their care and excellent nursing the low rate of mortality at the hospital is largely due.

No case of cross-infection has occurred during the year. That is to say, no patient admitted with one disease has contracted another during residence in Hospital.

There was only one return case of Scarlet Fever during 1920, and no return cases of Diphtheria.

Cases have been admitted during the year from the Poole Rural District and from the Military Camps in Dorset.

There have been five deaths in the hospital during the year (1) the case of Diphtheria from the Rural District to which reference has already been made (2) a case of Enteric Fever of three weeks duration which was admitted dying (3) a case of Cerebro-spinal meningitis (4) a case of Tuberculous meningitis (5) another case of Tuberculous meningitis.

Excluding establishment charges and repairs, etc., the cost of maintenance of patients was as follows:—Diphtheria cases 11/- per head per week: Other cases 7/- per head per week. The figures are for the actual cost of food, drugs, medicines, dressings, etc. The Staff of the hospital and the hospital buildings have to be maintained whether the hospital is empty or full, as we can never tell from week to week when we may not be visited by an epidemic, and need all the accommodation that we possess.

The amount of money paid in the rates towards the support of the Isolation Hospitals is a cheap, useful and practical form of insurance against the disabilities and annoyances that are inseparable from infectious diseases.

Other details regarding the Borough Hospitals are given in Tables K and L.

THE BOROUGH LABORATORY.

A bacteriological laboratory was established by the Medical Officer in 1914, and, except for a short period during the war when the Laboratory Assistant was called up for service, it has been working satisfactorily ever since. During 1920 a new Laboratory Building consisting of two rooms was built in the grounds of the Municipal Buildings, Poole. All forms of bacteriological and pathological investigations, except those requiring animal inoculation, are carried out at this Laboratory.

During the year 1920 the following specimens were examined. Throat swabs for Diphtheria 2,793, Sputa 334, Ringworm Hairs 286, Pus, etc. 15, Oysters 56, Water Samples 35. Sections of 14 pieces of pathological tissue were cut, and 25 other examinations were made. This gives a total of 3,558 specimens that were examined during the year.

The Laboratory saves the Borough Rates. If the specimens shown above had been examined in London they would have cost the ratepayers at least £600. The total cost to the rates of the Laboratory during the year was however £126. All Culture Media is made in the Laboratory. If that used during the year had been purchased elsewhere it would have cost at least £90. Pathological Specimens are examined in the laboratory free for all the doctors in the Borough and for the Cornelia Hospital. Specimens are also examined for No. 3 Area of the Southern Command, for the Dorset County Council and for the Dorset County Asylum. A small charge is made for examining these specimens that come from outside the Borough.

THE PORT OF POOLE.

The Medical Officer of Health for the Borough is also the Medical Officer of Health to the Port of Poole and Mr. P. W. Wheeler, one of the Inspectors, is Inspector of Nuisances to the Port.

The majority of vessels that enter the port are from home ports and from the Channel Islands. A few ships bring timber from the Baltic. No ships call homeward bound from the East, and during the year no ships have arrived from suspected or infected Ports.

Only one case of sickness on board ship was reported to the Health Office during the year, namely, a case of Gonorrhœa in a Sailor. No insanitary conditions have been discovered during the year. Close co-operation exists between the Officers of H.M. Customs and the Port Sanitary Authority.

During the year 128 vessels entered the Port of Poole from home ports, 234 from the Channel Islands and 76 from foreign ports. They brought the following cargoes :—

Coastwise :— Grain, Coal, Cement, &c.

Channel Islands :—Granite, Tomatoes, Potatoes. &c.

Foreign :— Granite, Timber, &c.

The importance of Port Sanitary Work should not be underestimated, since it is against diseases such as Cholera, Plague and Small-pox that the Port Sanitary Authority is often the first line of defence. Many a threatened epidemic has been stayed at its port of arrival.

HOUSING.

Until the next census returns are published, the housing statistics of the Borough can be at the best only approximations.

There are about 9,500 dwelling houses in the Borough of which about 7,500 are artisan or workmen's houses. There were 36 new houses for the working classes built or being built during 1920. The estimated mid-year population of the Borough is 43,400.

It is a matter of common knowledge that there is a shortage of working class houses. Probably at least another four hundred are necessary.

The Council has prepared a housing scheme with the ultimate object of providing 400 working class houses.

There is, owing to the house shortage, considerable overcrowding. At the last Census 1.9 per cent of the population was living in a condition of overcrowding. The next Census will show a much higher figure. It is useless to prosecute persons who live in overcrowded houses until the proper remedy, namely additional houses, has been provided. Throughout the year the Health Department has been unable to ameliorate conditions of physical and moral overcrowding,

The general standard of housing in the district is moderate. Reference to Tables C and G will show the work of the Health

Department during the year in remedying unhealthy conditions discovered in dwelling houses. The action taken in respect of unfit property was mainly taken under the Public Health Acts. No special difficulties were encountered in causing these unhealthy conditions to be removed. In only one case was it found necessary to resort to legal proceedings. Some details regarding other sanitary circumstances in the Borough are given in pages 9 to 14, and in Table C.

An area to the east and south of the High Street, Poole was represented as an unhealthy area by the Medical Officer of Health during 1920. The Council has decided to clear this area, which is indeed already partly cleared, and to rehouse the population.

The Bye-laws relating to houses let-in-lodgings are sufficient and are adequately obeyed.

During the year 34 complaints were received from house-holders under the Rent Acts and otherwise that their houses were not in all respects reasonably fit for human habitation. All these complaints were at once investigated, and all the defects which were discovered were remedied.

Under Section 17 of the Housing Act of 1909 inspection was made of premises on 2,474 occasions. All the defects discovered were remedied. Some of these houses ought to have been closed and demolished but owing to the present house shortage such action is not desirable.

No action was taken under Section 28 of the above-named Act, which gives the local Authority power to do the work in default. Action under the other Public Health Acts was found to be adequate. No dwelling houses were closed voluntarily by their owners. No closing or demolition orders were made and none will be made until the present house shortage is less acute. One dwelling house that had long stood empty was demolished by the owner.

The two Inspectors and the four Nurses are all engaged in visiting working-class houses, and between them they made 19,438 visits during the year. Any defective and unhealthy conditions

that are found are reported to the Medical Officer, the necessary notices are served and the insanitary circumstances are remedied. By these means the housing conditions in the Borough are kept comparatively healthy.

There seems to be a regrettable belief that housing and the practice of Preventive Medicine are two separate things. All the activities of any Health Department should be co-ordinated, everything should be working to one end—namely, for the Prevention of Disease. The killing of flies or mosquitoes, the care of a pregnant woman, the health of little children, the inspection and treatment of school children, Port Sanitary work, the investigation of infectious diseases, the purity of the water supply, the destruction of rats, the abatement of nuisances and the problem of housing—these, and more than these, are all part of the interests of the Health Department and each must be regarded in its correct relation to the others. A visit to a house, for example, where infectious disease has occurred, reveals the fact that the roof is leaking, the drains defective and the back yard requires re-paving: but this does not (*officially, so it seems*) count as a visit to a house under the Housing Acts and therefore we hear that our housing inspection is inadequate! Again, the visit of a Nurse to a house where there is a verminous child brings to our notice the fact that the house requires cleansing, and the house is disinfected and cleansed accordingly. Surely it is much better to have these defects remedied in this manner, rather than to regard the whole problem of housing as something outside our every-day scope; or as a little compartment by itself separate from Preventive Medicine, of which, really, it is an integral and vital part.

LIST OF TABLES.

- A. Roads not sewered in the Borough.
- B. Record of the emptying of cesspools and pail-closets.
- C. Work done by Health Department during 1920.
- D. Amount of Unsound Food destroyed during the year.
- E. Sale of Food and Drugs Acts.
- F. Average composition of Milk Samples, 1914-1920.
- G. Work of Inspectors regarding Nuisances and Defects.
- H. Action taken regarding Nuisances and Defects.
- J. Table of Infectious Diseases notified during 1920.
- K. Cases admitted to Alderney Hospital during the year.
- L. Cost of Patients in Borough Hospital during the year.
- M. Articles disinfected by steam during the year.
- N. Vital Statistics, 1920.
- O. Classification of Deaths, 1920.
- P. Infant Mortality, 1920.
- Q. Attack Rates of certain Infectious Diseases.
- R. Death-rates from Cancer and Tuberculosis.
- S. Certain Vital Statistics, 1884-1920.

TABLE A.

CERTAIN ROADS UNSEWERED IN THE BOROUGH.

Name of Road.	No. of Houses Unsewered.
Alcester Road ...	5
Alder Road ...	7
Bridgewater Road ...	7
Brook Road ...	12
Cecil Road ...	7
Hilda Road (part) ...	7
Jubilee Road ...	30
New Road ...	21
Queen's Road ...	12
Victoria Crescent ...	28
York Road ...	13
Other Roads ...	37
The Sandbanks District ...	110
The Parish of Hamworthy ...	665
Various Small Holdings ...	—
The District of Newtown ...	179

TABLE A.

CERTAIN QUESTIONS ANSWERED IN THE BOROUGHS.

Number of Inhabitants	Number of Inhabitants
5	Abchurch Lane
5	Abchurch Lane
2	Abchurch Lane
13	Abchurch Lane
7	Abchurch Lane
7	Abchurch Lane
30	Abchurch Lane
31	Abchurch Lane
13	Abchurch Lane
8	Abchurch Lane
13	Abchurch Lane
27	Abchurch Lane
111	The Guildhall District
200	The Guildhall District
170	The Guildhall District

TABLE B.

CESSPOOLS EMPTIED DURING 1920.

Place.	No. of Cesspools.	No. of times emptied.
Alder Road	8	12
Bridgewater Road	3	33
Brook Road	3	17
Beaconsfield Road	2	19
Curtis Road	7	32
Cornelia Crescent	8	21
Cecil Road	4	57
Fancy Road	4	29
Fernside Road	8	18
Guest Avenue	6	12
Gordon Road	2	14
Hamworthy	51	285
Jubilee Road	3	15
Kinson Crescent	7	47
Limekiln Road	5	70
Lilliput	4	28
New Road	7	72
Old Wareham Road	15	76
Ringwood Road	23	191
Rossmore	2	24
Sandbanks	64	208
Seldown	8	304
Victoria Crescent	11	61
Wallis Down	10	20
Winston Avenue	15	28
Various	22	63
	302	1,756

NOTE.—In addition to the above there are 182 pail closets in the Borough, and their contents were emptied on 9,387 occasions.

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TABLE C.

WORK DONE BY HEALTH DEPARTMENT DURING 1920.

Nature of work.	Mr. Ramsden.	Mr. Wheeler.	Total.
Total Number of Visits to Premises ...	2895	3586	6481
Number of Houses visited <i>re</i> Infective Diseases	98	75	173
Number of Visits to such Houses ...	131	138	269
Number of Houses disinfected after Notifiable Diseases	176	78	254
Number of Houses disinfected after Other Diseases	74	93	167
House Drains Smoke Tested	228	142	370
„ „ Water „	62	18	80
Inspection of Factories and Workshops ...	78	56	134
„ Greengrocers' Shops ...	111	27	138
„ Fishmongers' „ ...	97	73	170
„ Ice Cream Stores ...	4	21	25
„ Schools	—	29	29
„ Butchers' Shops	245	428	673
„ Bakehouses	14	33	47
„ Yards and Stables	—	87	87
„ Common Lodging Houses ...	2	72	74
„ Urinals	6	54	60
„ Fish Market	—	18	18
„ Dairies and Milkshops ...	25	22	47
„ Cowsheds	—	16	16
„ Slaughterhouses	127	376	503
Inspections of Work in progress ...	57	539	596

1 3 15 1

(Faint mirrored bleed-through from the reverse side)

TABLE D.

AMOUNT OF UNSOUND FOOD DESTROYED.

	1917	1918	1919	1920
	lbs.	lbs.	lbs.	lbs.
Beef	1,335	6,609	21,489 $\frac{3}{4}$	12,332 $\frac{1}{2}$
Pork	2,319	1,485	748	1,313
Mutton	17	40	3,544	385 $\frac{1}{2}$
Fish	5,896	1,079	15,150	4,294
Fruit	283	224	3,549	36
Poultry	—	—	66 $\frac{1}{2}$	—
Cheese	—	194	22 $\frac{1}{2}$	—
Potatoes	—	3,920	29,568	2,287
Flour	—	1,040	1,120	—
Rabbits	—	64	98	—
Eggs	—	150	—	—
Tomatoes	—	—	349	10
Shrimps	—	—	42	—
Artichokes	—	—	40	—
Sugar	—	—	1,792 $\frac{1}{2}$	—
Condensed Milk	—	—	72	35
Butter	—	—	12	82 $\frac{1}{2}$
Various	—	—	84 $\frac{1}{2}$	158

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TABLE E.

WORK DONE UNDER THE FOOD & DRUGS ACTS.

			Formal	Informal.	Total	Genuine.	Adulterated.	Vendor Cautioned.	Vendor Prosecuted.
Milk	...	...	54	—	54	44	10	3	7
Milk	...	...	—	15	15	13	2	2	—
Skimmed Milk	...	...	3	—	3	3	—	—	—
Cream of Tartar	...	...	—	1	1	—	1	—	—
Cream of Tartar	...	...	1	—	1	1	—	—	—
Beer	...	...	1	—	1	1	—	—	—
Vinegar	...	...	—	6	6	6	—	—	—
White Pepper	...	...	—	4	4	4	—	—	—
Mustard	...	...	—	3	3	—	3	—	—
Mustard	...	...	2	—	2	1	1	1	—
Egg Sub. Powder	...	...	—	2	2	2	—	—	—
Baking Powder	...	...	—	2	2	2	—	—	—
Butter	...	...	—	1	1	1	—	—	—
Total	...	...	61	34	95	78	17	6	7

WORK DONE UNDER THE FOOD & DRUG ACTS.

TABLE F.

Product	Amount	Value	Number of Violations	Number of Persons
Alcohol	44	12	10	3
Meat	12	10	2	2
Starched Milk	3	3	1	1
Crackers of the Law	1	1	1	1
Crackers of the Law	1	1	1	1
Flour	1	1	1	1
Flour	6	6	1	1
Flour	4	4	1	1
Flour	3	3	1	1
Flour	2	2	1	1
Flour	2	2	1	1
Flour	2	2	1	1
Flour	1	1	1	1
Total	81	34	28	13

TABLE F.

**AVERAGE COMPOSITION OF MILK SAMPLES.
1914-1920.**

	1914.	1915.	1916.	1917.	1918.	1919.	1920.
Fat	3.47	3.46	3.65	3.35	3.30	3.48	3.64
Solids not Fat	8.80	8.73	8.76	8.72	8.76	8.65	8.49

1918-1920.
 AVERAGE COMPOSITION OF MILK SAMPLES.

1914-1917	1917-1918	1918-1919	1919-1920	1914-1917	1917-1918	1918-1919	1919-1920
8.42	8.48	8.46	8.44	8.42	8.48	8.46	8.44
8.50	8.52	8.50	8.48	8.50	8.52	8.50	8.48

TABLE G.

WORK OF INSPECTORS REGARDING NUISANCES AND DEFECTS.

Nature of Nuisance.	Mr. Ramsden.	Mr. Wheeler.	Total
Premises requiring repair	84	99	183
„ „ cleansing and lime- washing	34	80	114
Drains choked	25	27	52
„ otherwise defective	83	46	129
Defective w.c. fittings	81	29	110
„ Yard surfaces	6	17	23
„ Eaves and downspouts	37	24	61
„ Manure receptacles	—	4	4
„ Sinks	2	11	13
„ Urinals	—	4	4
Animals improperly kept	—	2	2
Offensive accumulations	2	26	28
Other Nuisances and Defects	184	24	208
Total Nuisances and Defects discovered ...	538	393	931

TABLE 2

WORK OF INSPECTORS OF EDUCATION, NURSARIES AND SPECIAL

SCHOOL IN DISTRICT		
NAME	NO.	NO.
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TABLE H.

ACTION TAKEN REGARDING NUISANCES AND DEFECTS.

No. of Nuisances and Defects discovered	...	931
Abated after Verbal Warning	... ..	399
* Preliminary Notices Served	... ..	290
„ „ obeyed	... ..	145
Outstanding at end of 1920	... ..	41
* Statutory Notices served for all purposes	...	75
„ „ obeyed	... ..	49
Outstanding at end of 1920	... ..	26
Legal Proceedings taken to enforce Notices	...	1

* NOTE.—Most of the Preliminary and Statutory Notices served dealt with more than one nuisance or defect.

TABLE J.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1920.

Notifiable Diseases.	Number of Cases Notified.									Total Cases Notified in each Locality.					Total Cases Removed to Hospital.
	At all Ages.	AT AGES—YEARS.								St. James.	Long-fleet.	Ham-worthy.	Brank-some.	Park-stone.	
		Under 1 yr.	1 and under 5 yrs.	5 and under 15 yrs.	15 and under 25 yrs.	25 and under 45 yrs.	45 and under 65 yrs.	65 and up-wards.	Ages not known.						
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera, Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Mem-braneous Croup)	141	—	9	115	9	4	1	—	3	37	4	4	62	34	141
Erysipelas	16	—	—	1	1	5	5	2	2	3	4	—	5	4	—
Scarlet Fever	70	2	5	52	9	2	—	—	—	33	18	3	13	3	71
Typhus Fever “Trench” Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	7	—	—	2	1	3	—	1	—	—	1	—	5	1	5
Relapsing Fever, Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Cerebro-spinal Meningitis	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	15	15	—	—	—	—	—	—	—	4	—	—	10	1	3
Pulmonary Tuberculosis	160	—	3	34	31	65	18	4	5	48	19	4	51	38	—
Other forms of Tuberculosis	15	2	2	7	—	2	1	1	—	5	2	—	4	4	5
Malaria	10	—	—	—	3	7	—	—	—	1	1	—	7	1	—
Measles and German Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	102	4	21	76	—	—	—	—	1	38	8	1	39	16	2
Encephalitis Lethargica	3	—	—	1	1	—	—	—	1	—	1	—	1	1	3
Influenzal Pneumonia	30	1	1	9	4	11	2	2	—	6	7	3	8	6	2
Dysentery — Amoebic and Bacillary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	113
Total	571	24	41	297	60	100	27	10	12	175	65	15	206	110	345

TABLE K.

CASES ADMITTED TO ALDERNEY ISOLATION HOSPITAL DURING THE YEAR.

Disease.	Admitted from Borough.	Admitted from other Districts.	Died during the Year.	Total number of cases admitted.	Average Duration in Hospital.
Scarlet Fever	63	12	0	75	27 days
Admitted as S.F. but proving to be otherwise ...	8	2	0	10	18 days
Diphtheria	86	3	1*	89	30 days
Diphtheria "carriers" and positive contacts ...	39	0	0	39	18 days
Admitted as Diphtheria but proving to be otherwise	16	2	0	18	8 days
Enteric Fever	5	0	1*	5	39 days
Scabies	78	0	0	78	9 days
Impetigo	30	0	0	30	8 days
Measles	5	1	0	6	14 days
Other Diseases	15	1	3*	16	32 days
Total	345	21	5*	366	—

* Of these deaths, that from Diphtheria was in a child who was admitted from outside the Borough and died within a few hours of admission. The case of Enteric Fever was admitted dying, of the remaining three deaths, two were from Tuberculous Meningitis and one from Cerebro-spinal Meningitis.

CASES ADMITTED TO ALGERNEY ISOLATION HOSPITAL DURING THE YEAR

Month	Admitted from Home	Admitted from Other Sources	Admitted from Hospital	Total
Jan 1	10	5	2	17
Feb 1	12	8	3	23
Mar 1	15	10	4	29
Apr 1	18	12	5	35
May 1	20	15	6	41
Jun 1	22	18	7	47
Jul 1	25	20	8	53
Aug 1	28	22	9	59
Sep 1	30	25	10	65
Oct 1	32	28	11	71
Nov 1	35	30	12	77
Dec 1	38	32	13	83
Total	340	270	100	710

The above table shows the number of cases admitted to the hospital during the year. The total number of cases admitted is 710. The number of cases admitted from home is 340, from other sources is 270, and from the hospital is 100.

TABLE L.

COST OF PATIENTS IN ALDERNEY HEALTH HOSPITAL, 1920.

				£	s.	d.
Salaries	...	...	...	1226	4	1
Maintenance	...	...	...	919	11	8
Fuel, Light and Cleaning	...	...	...	440	18	5
Sundries and Drugs	...	...	...	260	1	2
Water	...	...	...	19	4	0
Total				£2865	19	4

NOTE.—The patients spent altogether 1,065 weeks in the Hospital.

Average cost per Diphtheria patient per week, excluding establishment charges	...	£0	11	0
Average cost per Scarlet Fever patient per week, excluding establishment charges	...	£0	7	0
Average cost of all patients per week, <i>including</i> all establishment charges	...	£2	13	10

TABLE I.

COST OF PATIENTS IN ALBANY HEALTH HOSPITAL, 1920.

	1	2	3	4
Salaries	1	4	100	1
Housekeeping	2	11	910	2
Food, Light and Heating	2	15	140	2
Laundry and House	2	1	200	2
Wages	0	7	10	0
Total	1	19	1360	1

Note: The figures are for the year 1920, and are for the hospital.

21 11	Average cost per hospital patient per week, including extra charges.
20 7 11	Average cost per hospital patient per week, including extra charges.
22 14 10	Average cost of all patients per week, including all extra charges.

TABLE M.

ARTICLES DISINFECTED BY STEAM DURING THE YEAR.

Beds, Feather or Flock	...	52
Blankets ... ..	...	279
Bolsters ... ..	...	51
Coats ... ..	...	12
Curtains ... ..	...	22
Cushions ... ..	...	34
Counterpanes ... ..	...	54
Eiderdowns ... ..	...	25
Mattresses ... ..	...	109
Pillows ... ..	...	350
Jackets ... ..	...	10
Rugs ... ..	...	18
Shawls ... ..	...	13
Sheets ... ..	...	38
Towels ... ..	...	22
Quilts ... ..	...	18
Various ... ..	...	471
		<hr/> 1578

The above table does not include the disinfection of Mattresses, Blankets, etc., performed for the Borough Hospitals.

TABLE II

ARTICLES DISINFECTED BY STEAM DURING THE YEAR.

Boats, Piers, or Floors	52
Blankets	270
Robes	51
Coats	12
Carpetings	23
Upholsteries	71
Compartments	24
Shower-baths	22
Staircases	100
Floors	320
Windows	10
Doors	12
Spices	13
Shoes	38
Trunks	20
Cases	18
Stamps	171
Total	1278

The above table does not include the disinfection of instruments, etc., performed for the Borough Hospital.

TABLE O.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1920.

Causes of Death.	All Ages	Under 1 yr.	1 and under 2 yrs.	2 and under 5 yrs.	5 and under 15 yrs.	15 and under 25 yrs.	25 and under 45 yrs.	45 and under 65 yrs.	65 and over.	Total deaths in Insti- tutions.
All Causes—Certified ...	470	76	3	10	17	19	45	99	201	78
Uncertified ...	1	1	0	0	0	0	0	0	0	0
1 Enteric Fever ...	1	—	—	—	—	—	1	—	—	1
2 Small-pox ...	0	—	—	—	—	—	—	—	—	—
3 Measles ...	3	1	—	2	—	—	—	—	—	0
4 Scarlet Fever ...	0	—	—	—	—	—	—	—	—	—
5 Whooping Cough ...	2	1	—	1	—	—	—	—	—	0
6 Diphtheria and Croup...	0	—	—	—	—	—	—	—	—	—
7 Influenza ...	7	1	—	—	1	—	1	2	2	0
8 Erysipelas ...	0	—	—	—	—	—	—	—	—	—
9 Pulmonary Tuberculosis	39	—	—	—	1	11	14	10	3	8
10 Tuberculous Meningitis	3	—	—	—	3	—	—	—	—	2
11 Other Tuberculous Diseases ...	10	2	—	—	2	1	1	3	1	2
12 Cancer ...	53	—	—	—	—	1	6	24	22	10
13 Rheumatic Fever ...	2	—	—	—	2	—	—	—	—	1
14 Meningitis ...	5	3	1	1	—	—	—	—	—	2
15 Organic Heart Disease	30	—	—	—	1	1	1	7	20	3
16 Bronchitis ...	27	6	—	—	1	—	—	3	17	4
17 Pneumonia ...	28	5	1	1	1	1	4	6	9	2
18 Other respiratory Diseases ...	3	—	—	—	—	—	—	1	2	1
19 Diarrhoea and Enteritis	7	6	—	—	1	—	—	—	—	0
20 Appendicitis ...	2	—	—	—	—	—	—	—	2	1
21 Cirrhosis of Liver ...	0	—	—	—	—	—	—	—	—	—
21a Alcoholism ...	0	—	—	—	—	—	—	—	—	—
22 Nephritis ...	12	—	—	—	—	—	1	3	8	1
23 Puerperal Fever ...	1	—	—	—	—	—	1	—	—	1
24 Other accidents of Preg- nancy and Parturition...	2	—	—	—	—	—	2	—	—	2
25 Congenital Debility, etc.	45	43	—	2	—	—	—	—	—	3
26 Violent Deaths ...	8	—	—	2	1	1	2	—	2	3
27 Suicide ...	3	—	—	—	—	—	2	—	1	0
28 Other Defined Diseases	160	4	—	—	3	2	8	36	107	31
29 Ill-defined Diseases ...	18	5	1	1	—	1	1	4	5	0
Total ...	471	77	3	10	17	19	45	99	201	78
Sub entry included in above figures ...										
Syphilis ...	27	11	—	—	—	—	7	9	—	4

No.	Title	
100	1. <i>History of the United States</i>	
101	2. <i>Geography of the United States</i>	
102	3. <i>Political Economy of the United States</i>	
103	4. <i>History of the United States</i>	
104	5. <i>Geography of the United States</i>	
105	6. <i>Political Economy of the United States</i>	
106	7. <i>History of the United States</i>	
107	8. <i>Geography of the United States</i>	
108	9. <i>Political Economy of the United States</i>	
109	10. <i>History of the United States</i>	
110	11. <i>Geography of the United States</i>	
111	12. <i>Political Economy of the United States</i>	
112	13. <i>History of the United States</i>	
113	14. <i>Geography of the United States</i>	
114	15. <i>Political Economy of the United States</i>	
115	16. <i>History of the United States</i>	
116	17. <i>Geography of the United States</i>	
117	18. <i>Political Economy of the United States</i>	
118	19. <i>History of the United States</i>	
119	20. <i>Geography of the United States</i>	
120	21. <i>Political Economy of the United States</i>	
121	22. <i>History of the United States</i>	
122	23. <i>Geography of the United States</i>	
123	24. <i>Political Economy of the United States</i>	
124	25. <i>History of the United States</i>	
125	26. <i>Geography of the United States</i>	
126	27. <i>Political Economy of the United States</i>	
127	28. <i>History of the United States</i>	
128	29. <i>Geography of the United States</i>	
129	30. <i>Political Economy of the United States</i>	
130	31. <i>History of the United States</i>	
131	32. <i>Geography of the United States</i>	
132	33. <i>Political Economy of the United States</i>	
133	34. <i>History of the United States</i>	

TABLE P.

INFANT MORTALITY DURING 1920.

Causes of Death.	Deaths from stated causes at various Ages under One Year of Age.									Total Deaths under one year.
	Under 1 week	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	
Whooping Cough ...	—	—	—	—	0	—	—	1	—	1
Tuberculous Meningitis ...	—	—	—	—	0	—	—	—	—	0
Other Tuberculous Diseases	—	—	—	—	0	—	—	2	—	2
Meningitis (not Tuberculous)	—	—	—	—	0	—	2	—	1	3
Convulsions ...	—	—	—	—	0	—	—	—	—	0
Bronchitis ...	—	—	—	—	0	2	3	1	—	6
Pneumonia (all forms)	—	—	—	1	1	3	1	—	—	5
Diarrhoea ...	—	—	1	—	1	2	2	—	1	6
Rickets ...	—	—	—	—	0	—	—	—	—	0
Suffocation (overlying)	—	—	—	—	0	—	—	—	—	0
Injury at Birth ...	2	—	—	—	2	—	—	—	—	2
Premature Birth ...	26	1	3	—	30	—	—	—	—	30
Atrophy, Debility and Marasmus ...	3	—	—	—	3	2	—	—	—	5
Other causes ...	3	2	—	—	5	3	6	2	1	17
Total ...	34	3	4	1	42	12	14	6	3	77

THE UNIVERSITY OF CHICAGO

TABLE Q.

**ATTACK RATES PER 10,000 POPULATION FROM SCARLET
FEVER, DIPHTHERIA AND ENTERIC FEVER.**

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.
1894	19·9	23·9	6·8
1895	14·6	10·5	2·9
1896	12·5	5·7	3·4
1897	24·1	16·7	3·3
1898	4·9	15·9	1·1
1899	38·7	12·3	8·9
1900	19·0	5·8	10·0
1901	139·8	7·1	19·6
1902	24·5	8·4	5·6
1903	7·8	11·7	6·8
1904	106·2	16·2	10·1
1905	13·7	9·1	17·9
1906	12·4	10·2	8·4
1907	7·1	15·0	4·0
1908	12·6	13·8	1·8
1909	42·0	8·9	3·9
1910	29·5	20·7	1·4
1911	96·6	12·5	1·4
1912	47·3	17·0	3·4
1913	18·2	12·1	3·1
1914	12·1	15·7	1·1
1915	17·9	7·7	1·4
1916	11·8	10·6	1·8
1917	9·9	10·6	1·8
1918	11·6	11·1	2·5
1919	20·9	18·5	1·7
1920	16·1	28·7	1·1

TABLE R.

**DEATH RATE PER 10,000 POPULATION FROM CANCER
AND TUBERCULOSIS.**

Year.	Cancer.	Pulmonary Tuberculosis.
1900	13·1	8·9
1901	10·7	11·5
1902	8·5	11·0
1903	6·8	11·2
1904	13·3	13·8
1905	8·2	13·5
1906	11·3	12·7
1907	7·7	10·1
1908	8·2	12·3
1909	9·5	10·8
1910	10·8	11·1
1911	11·0	10·0
1912	9·7	7·2
1913	11·2	7·3
1914	10·3	9·0
1915	8·8	8·4
1916	12·5	10·7
1917	12·3	13·1
1918	12·2	11·7
1919	17·0	11·2
1920	12·2	9·0

TABLE II

DEATH RATE PER 10,000 POPULATION FROM CANCER
AND TUBERCULOSIS

Year	Cancer	Pulmonary Tuberculosis
1900	12.1	8.9
1901	10.9	11.2
1902	8.7	11.0
1903	8.8	11.2
1904	11.8	13.8
1905	8.2	13.2
1906	11.3	12.7
1907	7.7	10.1
1908	8.2	12.3
1909	6.6	10.8
1910	10.8	11.1
1911	11.0	10.0
1912	7.5	7.2
1913	11.2	7.7
1914	10.3	8.0
1915	8.8	9.4
1916	12.2	10.7
1917	12.8	13.1
1918	12.2	11.7
1919	12.6	11.2
1920	12.2	9.0

TABLE S.

VITAL STATISTICS, 1884—1920.

Year.	Mid-year population.	Birth-rate per 1000 population.	Marriage- rate per 1000 population.	Death-rate per 1000 population.	Infant Mortality per 1000 births.	Zymotic Disease Death-rate per 1000 population.
1884	12,796	32.7	...	19.4	130	1.9
1885	12,957	39.5	...	18.7	86	0.8
1886	13,237	30.9	...	18.1	112	1.6
1887	13,529	32.6	...	15.8	112	1.6
1888	13,680	28.0	...	17.5	86	1.4
1889	13,853	27.5	...	10.1	94	2.0
1890	14,027	26.9	...	14.6	82	0.9
1891	15,500	27.8	...	14.1	78	0.6
1892	15,887	29.3	...	20.7	171	2.5
1893	16,275	28.2	...	17.8	165	2.1
1894	16,662	32.2	...	13.7	91	1.0
1895	17,050	29.5	...	15.1	126	0.4
1896	17,438	31.5	...	14.9	116	0.9
1897	17,826	28.6	...	15.5	123	1.6
1898	18,214	28.5	...	15.3	145	0.4
1899	18,602	27.3	...	17.4	123	0.2
1900	18,991	27.7	...	15.3	131	0.6
1901	19,538	27.4	...	13.9	93	1.1
1902	20,095	26.7	...	16.4	110	1.1
1903	20,500	27.0	...	16.1	135	0.8
1904	21,142	27.1	...	17.0	109	1.4
1905	21,804	26.7	...	15.7	113	0.9
* 1906	32,086	30.0	15.9	15.1	118	1.5
1907	32,518	27.5	16.8	13.1	76	0.8
1908	33,217	26.6	16.8	13.8	87	1.2
1909	33,524	27.8	15.0	13.9	89	0.8
1910	34,168	26.0	15.4	12.7	82	0.9
1911	39,102	24.0	14.1	14.0	126	2.4
1912	40,386	22.7	14.6	10.9	88	1.0
1913	41,066	22.1	14.2	11.0	82	0.9
1914	41,880	21.0	13.6	11.3	77	1.2
1915	42,800	18.7	18.6	13.2	93	0.6
§ 1916	42,331	19.8	15.6	13.7	76	0.7
§ 1917	42,335	16.2	14.5	13.0	91	0.7
§ 1918	43,829	15.5	16.3	14.8	84	0.6
a 1919	41,100	18.7	21.0	12.8	62	0.3
a 1920	43,400	23.6	22.0	10.8	75	0.3

* Borough enlarged.

§ This is the Registrar-General's estimate for Birth-rate, based on the ratio between total and civilian population of England and Wales.

a Estimated from statistics obtained from Borough Food Control Office.

PART II.

THE SCHOOL MEDICAL
SERVICE.

PREFACE.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present to you my Report for the year 1920 upon the School Medical Service which you have provided in our Borough. The Report is on the lines required by the Board of Education.

This will be my last report to you, as I shall be leaving the Borough at the end of March to begin similar work in another part of England. I leave behind me the School Medical Service which I have established under your direction, and my hope is that this Medical Service may continue to grow and flourish, as an integral part of the education of our children. I want here to express my thanks to the Education Secretary and to the School Nurses for their help and loyal support. Mr. F. B. Edwards, who has been my chief clerk for School Medical purposes since 1914, has by his energy and ability contributed largely to the success of our work, and I wish especially to thank him.

The past year has been one of progress and hard work, as you will be able to judge from this Report. The parents of thousands of children should feel grateful to you as a Committee, since you have provided for their children the means of preventing much disease, which, if neglected, would have led to prolonged suffering or permanent disability.

During the War nearly two and a half million men of military age were examined by the Recruiting Boards in England. The medical examinations showed that out of every nine men examined, on the average, three were perfectly fit and healthy ; two men out of every nine were upon a definitely infirm plane of health and strength ; three men out of every nine could justly be described as physical wrecks, and the remaining man was a chronic invalid with a precarious hold upon life.

You will see from this Report how much sickness and disability I have discovered during the past year in this Borough. It is to

prevent this vast amount of illness, trivial and serious, that we are concerned to-day ; and we may hope in the course of a generation to have the good result of our labour. Indeed we are beginning to see an improvement already : some of the Teachers tell me that the children are certainly less sickly and more healthy now than they were six years ago, and my own observation also leads me to believe that this is true.

Every reform in this world has been accomplished against the opposition of good, honest men who were satisfied with the conditions under which they were living and saw no need for the reform. Any policy of progress and of improvement of your School Medical Service will meet with opposition such as this ; but in face of all difficulties and discouragements we must keep before us always our ideal of the future welfare of the race of man, which we are slowly but surely attaining by our work among the children.

I have the honour to be your obedient Servant,

A. T. NANKIVELL.

January, 1921.

School Medical Officer.

SANITARY CONDITION OF THE SCHOOLS.

At the end of the year 1920 there were in the Borough fourteen Public Elementary Schools with a total of twenty-eight Departments. In these schools there was accommodation for 6,200 children. There were 6,263 names on the registers (see Table II). Some of the Departments are overcrowded, which is bad both for the health and for the education of the children. An additional school is in course of erection and this will help to relieve the congestion in the Branksome area.

The sanitary circumstances of the various schools differ considerably. Some schools are satisfactory and others are only moderate. Several insanitary and unhealthy conditions at the schools have been remedied during the year under review.

The schools are kept on the whole fairly clean, and the work of the school cleaners has been on the whole efficient. The Head Teacher of each Department reports once a month to the School Managers regarding any neglect of the school cleaners. In my opinion, what dirtiness there is in the schools is due to an insufficient number of cleaners.

All the schools are supplied with water from the Council's mains. The heating, ventilation and natural lighting of the schools is reasonably good; but the artificial lighting is not altogether satisfactory in some of the classrooms. The cloak room accommodation is generally insufficient, and there is no arrangement for drying the wet clothes of children in rainy weather. The closet and urinal accommodation is fairly good, but is not always kept properly clean. All the old trough closets ought to be abolished. Washing arrangements at all the schools are inadequate. There are no school Baths.

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

General. This was considered in some detail in my Report for 1919, and for that reason the organisation of our School Medical Service will be referred to now only in outline.

Complete co-ordination between the various Health Services is ensured by the School Medical Officer being also the Medical Officer of Health, and being in charge of the Maternity & Child Welfare work and the Borough Hospitals. This results in no overlapping and in the fullest possible interchange of information between the Health Department and the School Medical Service. There are four Health Visitors (who are also School Nurses), and to each of these a district is allotted. The Nurses visit the schools in their areas, follow up the children to their homes and help in the management of the two Minor Ailment Clinics. They are engaged also in Maternity & Child Welfare work under the Council's scheme. All the School Medical Service record-keeping and clerical work are done at the Municipal Buildings, Poole, where a whole-time clerk (Mr. F. B. Edwards) and an office girl carry out this essential part of the organisation. A complete medical dossier is in course of preparation for every child.

Co-operation of School Teachers. The Teachers afford all the help in their power, and many are enthusiastic over the School Medical Work, especially when they see that the inspections lead eventually to treatment. The Teachers know, too, how much sickness and disability from illness there is and has been in the schools, and they welcome every effort that will lessen this. The School Medical Officer owes a debt of gratitude for the help given to him in every way by the Teachers, especially for their readiness in supplying him with information whenever he has asked for it.

Co-operation with School Attendance Officers. The Attendance Officers refer many cases of sickness to the Medical Staff. Daily information is sent in writing by the School Medical Officer to the Attendance Officers of those children seen at the Clinics and of their disposal—whether they are excluded from school, and if so for what cause and for what period; or whether they may return to school.

Bacteriological Laboratory. Considerable use has been made of the Council's Laboratory by the School Medical Service during the year. The Nurses have taken 1,326 swabs from school children's throats and noses, and specimens of ringworm hairs and

other morbid products have been examined in the Laboratory. The total number of examinations made in the Laboratory on behalf of the School Medical Service was 1,612 during the year.

EXTENT AND SCOPE OF WORK.

Children entering school, children aged 8-9, and children aged 12-13 years are examined at the Routine Inspections. During the year 553 Entrants, 669 Intermediates, and 667 Leavers were examined by the School Medical Officer. This gives a total of 1,889 routine examinations. (See Tables 1, 2 and 9).

In addition to this, 5,940 "special" and ailing children were examined, mainly at the minor ailment School Clinics.

Besides these routine and special inspections, the School Medical Officer and the Nurses examined 55,393 children in the Schools in order to ascertain if they were reasonably clean and if they were suffering from any minor ailment, in other words, each child was examined on the average nine times last year. These "class-to-class" inspections, though rapid and superficial, are of the greatest value in detecting minor defects. Out of the 55,393 children examined in this way, 3,583 were found to have some minor defect that needed treatment, and they were referred for treatment to one of the Minor Ailment Clinics. In addition, 1,972 visits were made by the Nurses to the homes of the children.

Ailing school children are brought to the notice of the School Medical Officer in one of the following ways:—

1. They are discovered at the Routine Inspection to be ailing or in need of treatment.
2. The School Medical Officer or the Nurses discover them in the schools.
3. The Teachers consider that the child needs medical attention.
4. The School Attendance Officers think that the School Medical Officer ought to see the child.

5. The Parents of the child, or the local Medical Practitioner, or the Pensions Authority or some other agency wishes to have the opinion of the School Medical Officer about the child.
6. The children present themselves for examination or treatment entirely on their own responsibility. They know that the School Clinic is the place to which they should come when they are sick and ailing.

The object of our School Medical Service is to prevent disease, to discover the beginnings of disease and to see that disease is treated. We are always on the look-out for ailing children and our children who are beginning to be ill, so that they may be treated and cured before it is too late.

Our School Medical Service undertakes the treatment of minor ailments; the treatment by X-Rays of Ringworm of the Scalp; the remedy of defective vision (including the provision of spectacles); the operative treatment of enlarged tonsils and of adenoids; and the institutional treatment of certain cases of Impetigo and of Scabies.

We are doing good work among the children, but we are not doing all that we can. In a later section of this Report I have shown how our work can be usefully increased, so as to be still further of benefit to the children and safeguard the health of the men and women of to-morrow.

Up to the present, no arrangements have been made for the Routine Inspection or Treatment of children at the Secondary School. If their younger brothers and sisters are defective and need treatment at the Elementary Schools, it is reasonable to suppose that there is a considerable amount of disability among these older scholars.

**GENERAL REVIEW OF FACTS DISCLOSED BY
ROUTINE MEDICAL INSPECTIONS.**

(See Table 8.)

Malnutrition. Out of 1,889 children examined at the Routine Inspections, 118 were found to be badly nourished. The chief causes of malnutrition are (1) lack of sufficient food ; (2) improper and indigestible food ; (3) unsuitable home conditions, lack of fresh air and sunlight, insanitary and overcrowded rooms, defective drainage and dirty surroundings ; (4) excessive employment out of school hours ; and (5) illness and disease. A child who is under-nourished is more likely to become diseased than a healthy child.

We badly need in this Borough a non-residential open-air school to which ill-nourished, anæmic and delicate children can be sent.

Clothing and Footgear. Out of 1,889 children examined at the Routine Inspections, 4 were found to have defective boots or insufficient and bad clothing.

Uncleanliness. Out of 1,889 children examined at the Routine Inspections, 5 were found to be actually verminous and 153 to have many of the eggs of the head louse in their hair. Again, 146 were found to be flea-bitten. Apart from these, 358 were found to be unclean by the Nurses during their visits to the Schools.

It is a matter for regret that in a civilised country there should still be found this amount of uncleanliness.

Adenoids and Enlarged Tonsils. Out of 1,889 children examined at the Routine Inspections, 435 children had enlarged tonsils or adenoids or both of these crippling conditions. Apart from these, 177 other children were discovered who were similarly afflicted.

Adenoids cause a child to be stupid and deaf. Enlarged tonsils endanger a child's life. They make the child liable to contract Tuberculosis, Rheumatic Fever, septic sore throats and the common infectious diseases.

Defective Hearing. One hundred and fifteen deaf or partially deaf children were discovered during the year. Deafness is due in some cases to the presence of Adenoids, in others to Middle Ear Disease, as shown by perforations in the ear drum, and by ear discharge. Middle ear disease is not an uncommon complication of Measles and of Scarlet Fever. Other cases of deafness were found to be due to wax in the ears. Congenital Syphilis is also a cause of deafness in young children, and is much more difficult to treat than the forementioned causes.

Defective Vision. Out of 1,889 children examined at the Routine Inspections 275 were found to be suffering from defective vision. In addition, 186 other children with defective eyesight were discovered at other times, giving a total of 461 during the year.

Other Eye Diseases. Out of 1,889 children examined at the Routine Inspections, 15 were found to be suffering from Eye Diseases such as Blepharitis, Corneal Ulcer, Suppuration of Eyelids, and other diseases of the eye or lids. In addition, 238 other children were found during the year who had these conditions. This gives a total of 253 children.

Defective Teeth. Out of 1,889 children examined at the Routine Inspections, no less than 252 had more than four bad teeth. Nine hundred and sixty children had less than four decayed teeth, and only 677 had apparently good teeth.

Out of 3,894 children aged 6-12 who were examined by the School Dental Surgeons during the year, 1,271 had good teeth, and the remainder needed dental treatment.

The cause of this vast amount of dental caries is due in the first place to parental apathy and neglect.

Rheumatism and Heart Disease. Out of 1,889 children examined at the Routine Inspections, 49 were found to have evidence of old or recent disease of the heart. In addition, 12 other children were discovered whose hearts had been damaged. Heart disease commonly follows an attack of acute or sub-acute rheumatism.

Bronchitis and Pretuberculous Conditions of the Lungs. Out of 1,889 children examined at the Routine Examinations, 83 were found to be suffering either from Bronchitis or from pre-tuberculous conditions. In addition to this, 199 other children were found during the year with these conditions.

These children ought to be educated in an open-air school if we wish to prevent them from becoming actively tuberculous in a few years' time.

Tuberculosis. Out of 1,889 children inspected at the Routine examinations, 9 were found to be suffering from some form of Tuberculosis. Apart from these, 25 other children were discovered who were tubercular.

Ringworm. Out of 1,889 children examined at the Routine Inspections, 1 child was found to have ringworm of the scalp. Apart from this, 113 other children were discovered who had ringworm of the skin and 77 more who had ringworm of the scalp.

Unless scalp ringworm is treated by means of X-Rays the disease may last a year or even two years, during which time the child is absent from school. When at the end of this period the child is cured and returns to school it is dull and backward, and far behind other children of the same age. Ringworm of the scalp is therefore a cause of mental crippling and should not be considered a trivial complaint.

Impetigo or Infectious Sores. Out of 1,889 children examined at the Routine Inspections, 9 were found to be suffering from this unpleasant skin disease. In addition 900 other children were discovered during the year who were afflicted with Impetigo. This gives a total of 909 cases.

The disease caused absence from school during the year which corresponded approximately to a grant of £31.

The disease is infectious from person to person, and for that reason often goes through a family. It is more common among the children of the poorer parents than among those of the well-

12 *General Review of Facts Disclosed by Routine Medical Inspections.*

to-do. Dirt and malnutrition are predisposing factors. The Medical Officer considers that diet deficiency, especially of the vitamine "Fat-Soluble A.", which is found in butter and milk, makes children more liable to develop this infectious skin disease. The weekly distribution of cases of Impetigo that came to the notice of the School Medical Service during the year is shown in Table 10.

Scabies or the Itch. Out of 1,889 children inspected at the Routine Examinations, 10 were found to be suffering from the Itch. Apart from these, 306 other children were found on other occasions with this terrible affliction. The figures are not an improvement on the previous year, when 172 children with Scabies came to our notice.

The disease is infectious from person to person, and is caused by the ravages of a minute creature of the spider family.

Enlarged Lymphatic Glands. This condition has very frequently been found during the year, especially among those children who have septic skin diseases. At the Routine Inspections 211 children were found with glandular enlargements. Some of these were probably tuberculous.

Deformed and Badly Crippled Children. Out of the 1,889 examined at the Routine Inspections, 30 children were found to be crippled or deformed. Apart from these, 28 other children were discovered in the course of the year with deformities due to rickets or to an attack of Infantile Paralysis.

Mental Deficiency. At the present time, the School Medical Officer knows 6 children who are so mentally defective as to be idiots or imbeciles; 19 who are so defective mentally that they cannot receive education in the ordinary elementary school or in a special class; and 28 who, although unable to benefit by instruction in the ordinary school, would benefit by instruction in a special class.

Interest taken by the Parents. Out of the 1,889 children seen

at the Routine Inspections, the parents of 560 attended to see the School Medical Officer examine their children. The presence of these parents showed that they, at any rate, took some interest in their children. Until the parents really want to see the health of their children improved, we cannot expect to see complete success in our work.

Other Facts and Statistics regarding the Routine Inspections and the amount of disease and crippling found during the year are given in Tables 2, 5 and 9.

A REVIEW OF THE METHODS EMPLOYED FOR TREATMENT.

(see Tables 4, 5, 6 and 7).

Most of the defects and ailments found among the school children are amenable to medical treatment. A child's constitution is more delicate than that of an adult, but it responds more easily to various forms of medical treatment. It has been one of the chief aims of the School Medical Service during the year to see that children who needed medical treatment obtained it. Undoubtedly, by curing many ailments in their early stages, we have saved many children from later and more serious illness.

Five thousand nine hundred and forty individual children were treated during the year at one or other of the School Clinics. These children received altogether 9,184 consultations.

The School Clinics may be classified as follows :—

1. Minor Ailments Clinic at Poole. Daily at 9-30.
2. Minor Ailments Clinic at Branksome. Tuesdays and Fridays at 2-0 p.m.
3. Ophthalmic Clinic at Cornelia Hospital. Tuesdays and Fridays at 10-45 a.m.
4. Tonsil and Adenoids Operation Clinic at Cornelia Hospital. Wednesday at 10-30 a.m.

5. X-Ray Clinic at Cornelia Hospital. Mondays at 3.
6. Dental Clinic at Cornelia Hospital. Saturdays at 9-30.
This Dental Clinic was removed to the New School Clinic building in Poole during December, 1920, and is open on Mondays, Wednesdays and Fridays at 1-45 p.m.

The Poole Minor Ailment Clinic or Treatment Centre is situated in the grounds of the Municipal Buildings at Poole. It is a new building and came into use in October, 1920. It replaces the old Clinic rooms which were entirely unsatisfactory. The New Clinic consists of a good waiting room, with W.C. and Lavatory attached, a large and well-lit consulting room, and a small retiring room off which is a bathroom and W.C. The rooms are heated by low-pressure hot water pipes, and there is a gas-hot-water installation. This new Clinic is a vast improvement on the old place, and is already much appreciated.

This Clinic is open daily at 9-30 a.m., and the School Medical Officer inspects and treats ailing children there every morning. During the year 3,209 children were seen by him at the Poole Clinic.

The Branksome Minor Ailment Clinic or Treatment Centre.
The Branksome Clinic or Treatment Centre is on the first floor of the Municipal Buildings, Branksome. The rooms are suitable. There is a large and airy waiting room, which sometimes has to accommodate over 100 children at a time, and a fair-sized consulting room. Lavatory accommodation is provided. The School Medical Officer, assisted by two and sometimes three nurses, sees children there on Tuesdays and Fridays at 2-0 p.m.

During the year the Medical Officer has seen 2,731 children at the Branksome Clinic.

Of course, children who live in any part of the Borough can attend whichever Clinic they please; and often children from Branksome, especially the more urgent cases, come into Poole to the Clinic there, rather than wait for the next meeting of the Branksome Clinic.

The Special Clinics at the Cornelia Hospital deal with children who need Eye Examination and Treatment, with children on whom operations are performed for Adenoids and Enlarged Tonsils, and with children whose Ringworm of the Scalp is treated by means of X-Rays. The Dental Clinic has also been held at the Cornelia Hospital during the year until December, when it was transferred to the more suitable building in Poole.

The treatment of various conditions will now be described under the same headings and in the same order as those in the previous section of this Report.

Malnutrition. School children are not fed by the Education Authority in this Borough.

In order properly to treat malnutrition and anæmia, we must find the cause of this condition. Many children suffer in this respect on account of enlarged tonsils or oral sepsis, and it is often remarkable how greatly children improve in general health when these causes of malnutrition have been removed. But there is a group of cases who have no gross lesions but yet are unhealthy and anæmic, and it is for children such as these that an open-air school is of so much value. We have as yet no open-air school in the district.

Uncleanliness. When a child is in need of cleansing from vermin, a notice is sent by registered post to the parent or guardian, describing exactly how the cleansing is to be done. Very often this notice has the desired effect. If however the child is not cleansed in ten days, the School Attendance Officer takes out a summons against the parent, and this generally causes the parent properly to rid the child of vermin before the case comes before the magistrates. The School Medical Officer has been given power to cleanse children under the Children Act, 1908. It has been necessary for him to cleanse only one child in this manner during the year. This compulsory cleansing is performed in the new School Clinic at Poole.

Adenoids and Enlarged Tonsils. The Education Authority is to be sincerely congratulated on having provided operative treat-

ment during the year under review for these serious and crippling conditions. The children afflicted with Adenoids or with Enlarged Tonsils are referred by the School Medical Officer to the Cornelia Hospital for treatment. Every Wednesday* he sends ten children for operation. The organisation and the administration of the operative treatment of enlarged tonsils is entirely under the supervision of the School Medical Officer, and the operations are performed under a general anæsthetic by Dr. S. K. Hutton. All the children operated on during the year have done well. The parents of the children are given a paper containing simple instructions regarding subsequent breathing exercises. This operative treatment for enlarged tonsils and adenoids was started in April, 1920, and up to the end of the year 249 children had benefited by it. At the end of the year, however, there were still 219 children remaining for whom it had not been practicable to arrange for operation. It is hoped to arrange for these children to be treated early in 1921.

The benefits of the operation are both immediate and remote. Almost at once the child begins to improve in general health, and many parents are enthusiastic regarding the effects of the operation. But the remote benefits are greater still. The child is saved from ear discharges and from permanent deafness, and is not so likely to develop all those terrible sequels which attack those who have enlarged tonsils.

Defective Hearing. The non-operative treatment of children with defective hearing is undertaken at the Minor Ailment Clinics. During the year, 115 cases received treatment.

It is desirable in order to prevent permanent deafness in some of these children that they should be seen and treated by an Ear Specialist, and I hope that during 1921 the Education Committee will be able to make arrangements to have this done. A timely operation will often save the hearing of these afflicted children. A deaf man or woman suffers from a heavy handicap in the struggle for existence.

*In November it was found necessary to set aside an additional day for these operations as so many additional children were being discovered who were in need of this treatment.

Defective Vision. As in past years, we have done steady work during the past twelve months in discovering children whose eye-sight is defective and in having them properly treated. The School Ophthalmic Surgeon, Dr. A. Stables, sees children twice a week at the Cornelia Hospital and prescribes spectacles when these are necessary. The parents pay three shillings and sixpence towards the cost of the spectacles, except in necessitous cases, where no charge is made. During the year 461 new cases have been seen by Dr. Stables. We hope in the future to be able to undertake the re-examination every year of children whose sight is defective. During the year Dr. Stables made 86 re-examinations. The entire administration of this work is under the control of the School Medical Officer.

Other Eye Diseases. Conditions such as Conjunctivitis, Blepharitis, Phlyctenular and Corneal Ulcer and suppurative conditions of the eyelids are treated in the School Clinics. A few cases have been referred to the School Oculist.

Defective Teeth. Reference to my Report of last year will show how unsatisfactory the School Dental Service has been in the past, and it is a matter for regret that no improvement was made until December, 1920. The Dental Clinic at the Cornelia Hospital was never a success—the parents would not take their children there on Saturday mornings. This Clinic, as I have said, was removed to the New Minor Ailment Clinic in Poole in December, and there are signs that we may find improvement in the numbers of children who come for treatment. Certainly the numbers who attend at the New Clinic for dental ailments show an increase, and give hope of future success.

To send out a hundred notices to parents and to have only five or ten responding is a waste of time, stationery and stamps, and a waste of the time also of the Dental Surgeons, who sit waiting for patients who do not come.

Nothing, except perhaps Syphilis, wrecks the health of children and adolescents so much as bad teeth and septic mouths. And this is a fact that parents and the general public do not recognise.

We have to overcome a vast amount of ignorance, apathy and prejudice before our dental scheme can be a success. In order to overcome this, it is necessary in the first place, to have a suitable dental surgery. This is now provided. Secondly, it will be necessary to make dentistry as attractive to children as possible—never an easy thing to do! But I think much could be done by giving a penny to each child who had a tooth extracted! Other Education Authorities do this, and, after all, it is not a very large sum of money. Thirdly, it is essential to have enough nursing staff to “follow up” at their homes the cases in which treatment is refused. Until we can do this we shall never be able to show a satisfactory Dental Service that will ensure a maximum of Education Grant and a minimum of sickness among the children.

During the year 1920 the School Dentists inspected in the schools 3,894 children aged 6-12 years. Of these the teeth of 2,623 children needed either extraction or filling. A number of children, namely 1,136 were given the opportunity of having this treatment; but only 413 availed themselves of it.

Rheumatism and Heart Disease. Very little curative treatment for either of these conditions can be given at the Clinics. Cases of acute and sub-acute rheumatism would be sent to the Hospital for treatment. Advice regarding damaged hearts has been given to the parents of affected children, and a few of them have been excluded from school.

Chronic Bronchitis, Pre-Tuberculosis and Anæmia. I have seen 234 children during the year with these conditions. Many of them also were suffering from malnutrition. It is safe to say that half of these children, and probably all, would benefit by some form of open-air treatment. These are the children who later on develop consumption, become a heavy cost to the community, transmit their disease to other people, and finally die of it after a wretched life of weakness and suffering. Last year in this Borough 39 people died from consumption. If these people had been looked after when they were children the majority of them would have been alive and healthy and strong to-day. The average age of death of these consumptives was 36 years. What we have to do

now is to prevent the anæmic and pretuberculous children of to-day from developing this terrible malady in a few years time. The prevention of consumption is better than the cure of it.

From what has already been said it is plain that the open-air school plays a large part in the prevention of tuberculosis. At an open-air school a child is properly fed, has sufficient rest and receives its education in the open-air. There are many of these schools, both residential and non-residential, in England and Wales, and all of them are eminently successful in curing the anæmic and pretuberculous child. An open-air school is not expensive to construct, consisting essentially in open sheds which give protection from the rain; and this matter is one which should receive the consideration of the Education Authority, since it is a matter of public interest no less than of individual benefit to ailing children. It is a wise and economical policy to look ahead and to prevent future disease, rather than to spend much money in trying to patch up the ruined lungs of incurable cases of consumption.

Ringworm of the Skin. One hundred and thirteen cases were treated and cured during the year at the Minor Ailment Clinics.

Ringworm of the Scalp. The Education Authority is again to be congratulated on having installed an apparatus at the Cornelia Hospital for treating this intractable disease of the hair. The X-Ray Treatment of Ringworm was begun last April, and is carried out by Dr. D. D. Malpas. During the year 41 cases of Ringworm of the Scalp were treated and cured by him with excellent results in every case. The administrative control of the Clinic is in the hands of the School Medical Officer, who refers all cases to Dr. Malpas for treatment. Some parents refuse X-Ray treatment because they object to the child's hair being cut short. The economic advantage of treatment by means of X-Rays is obvious, because a child so treated will be able to return to school in a month; whereas other cases are excluded from school for a year, eighteen months or two years.

Impetigo or Infectious Sores. No less than 909 children were treated for this unpleasant skin disease at the Minor Ailment

Clinics during the year. Under our new scheme for the School Medical Service, 30 bad cases of Impetigo were treated in the Borough Isolation Hospital at Alderney Heath during the year. The average stay in Hospital of these cases was 8 days, after which the children returned at once to school. If treated at home, especially in a dirty home, these conditions often take several weeks to become cured.

Scabies or the Itch. Three hundred and sixteen children came to the Minor Ailment Clinics for treatment for scabies. Under the scheme for the School Medical Service 78 bad cases were treated in Alderney Hospital. The average stay of these cases in Hospital was 9 days, as against three to six months if the cases are nursed at home. Scabies is a disease which cannot be cured unless the child can receive frequent and prolonged baths, and these are often unobtainable in the homes of the children. In all cases of scabies the infected bedding from the home has been steam sterilised and the infected rooms have been disinfected. Owing to the action we have taken during the last year it is pleasant to be able to report that scabies is now disappearing in the Borough, and at the end of the year there were only a few cases under treatment.

Physically crippled children. No general action has been taken during the year by the Education Authority to help the deformed and crippled children, although in a few isolated instances the School Medical Officer has been able to assist children in obtaining surgical boots and other apparatus. One cripple child was sent away to the Red Cross Convalescent Home at Swanage. It would be well if the Education Committee would set aside year by year a small sum of money to aid parents in the purchase of surgical boots and apparatus for the cripple children; at the present time the cost of these things is considerable; and it may take a parent a year or more, even with the help of the Surgical Aid Society, to get the apparatus that is essential to the child's well-being.

Mental Deficiency. The treatment given for this condition can best be stated by quoting a resolution of the Council passed at their meeting of July 1st., 1919:—

A Review of the Methods Employed for Treatment. Prosecutions. 21
General Review of Home Conditions and Employment.

The report of the School Medical Officer was considered and arising out of such report the following resolutions were passed :—

(b) (ii) With regard to the number of mentally defective children likely to receive benefit from instruction in a special school, and (iii) likely to receive benefit in a special class.

That as to (ii) arrangements be made for 21 children to be sent to special residential schools ; and as to (iii) that the Town Clerk make enquiries as to whether it is possible to make arrangements for accommodating two classes for the instruction of such children, one being in Poole and the other at Branksome.

Owing to administrative difficulties, this has not yet fully been put into operation. There are no special schools or classes in the Borough. Details of mentally defective children are given in Table 3.

PROSECUTIONS.

Under the School attendance Byelaws, prosecutions have been conducted against the parents of 15 verminous children. The magistrate inflicted fines in 5 instances ; adjourned the cases in 7 instances to give the parents another chance of cleansing the child ; and the remaining three cases were withdrawn as the children had been cleansed.

Although the School Medical Officer has reported eleven cases of cruelty or neglect to the Society for the Prevention of Cruelty to Children, their Inspector has not taken out any summons against offending parents.

GENERAL REVIEW OF HOME CONDITIONS AND EMPLOYMENT.

I have little to add to my remarks under this heading that appeared in my last Report. There seems a prejudice in favour of child labour in the district, and Table 10, compiled from figures supplied by the Head Teachers of the Boys' Schools, shows that, despite the Education Act, children are still being extensively employed. Under this Act the Education Committee have made Byelaws during the year. Certainly the amount of street trading by young children has appreciably diminished. There is no Juvenile Labour Bureau in the Borough.

ACTION TAKEN TO DETECT AND PREVENT THE SPREAD OF INFECTION IN SCHOOLS.

Reference has already been made to this throughout the Report. Frequent inspections serve to detect many cases of infection, and the swabbing of sore throats detects many early cases of diphtheria which would otherwise be missed. All infectious cases and contacts are excluded from school until they are free from infection, and all infected articles and premises are disinfected. The schoolrooms have been disinfected during the year, and toys from infant departments have also been disinfected. In the event of any serious school outbreak all the energies of the Health Department would be focussed in stamping it out.

Some cases of Diphtheria occurred at Heatherlands School in November and some cases of Scarlet Fever at South Road School during the same month. Except for this the schools have been remarkably free from notifiable infectious disease during the year.

CLASSES IN HEALTH, MOTHERCRAFT, Etc.

A child should learn the value of fresh air and cleanliness while it is yet at school, and simple instruction in Health subjects should be given to all the older children; so that we may inculcate now a public health conscience which will be active in years to come. If a man or woman really wants a clean house and a clean town, then that house and town will become clean; and when the people as a whole really wish to see the prevention of sickness and misery, then the work of the Health Service will at once become more easy.

Some classes in Mothercraft are held in some of the Schools and there is an admirable cooking class in the Borough at which 360 of the older girls received instruction during the year. Classes in Handicraft and Gardening for boys are held at some of the Schools. The Boy Scout, Sea Scout and Girl Guide organisations have done very valuable educative work during the year.

THE FEEDING OF SCHOOL CHILDREN.

Children attending public Elementary Schools in the Borough have never been fed by the local Education Authority. At the end of the year circulars were sent out to the Head Teachers by the School Medical Officer asking for the names of any children who were insufficiently fed. From the Teachers' replies it would seem that there were about eighty children in the Borough who were suffering physically and mentally from lack of food. The arguments for and against the feeding of school children are these:—

It is claimed by those who favour the provision of meals that:—

1. It is right to fill a hungry child with good food and, conversely, wrong to withhold it.
2. The health and intelligence of the children is improved, and they are more easily taught.
3. The meals have a definite educative value.

And on the other side it is stated by those who object to the provision of meals that:—

1. "Parental responsibility" would be lessened.
2. Home life would be broken up.
3. The meals cost money.

During the year the School Medical Officer has forwarded the names and addresses of starving and underfed children to the Secretary of the Poole Guild of Help, and towards the end of the year that organisation and some other voluntary workers gave mid-day meals to children at Branksome and at Poole.

PLAYING FIELDS AND ORGANISED GAMES.

If games, and fields in which to play them, are good for the children of the well-to-do classes, they are equally good for their poorer brothers and sisters. The provision of playing fields on which organised games can be played might well form part of the future policy of the Education Committee, whose desire is to see the bodies as well as the minds of our children growing healthy and strong. The open space known as the Ladies' Walking Field, which is at present a clinker and mud flat, and is annually torn up by a pestilential Fair, would at little cost provide football, hockey, cricket and sports grounds for the Schools in the lower end of the Borough; and there are plenty of open spaces in Branksome that could well be utilised as playing fields for the Schools in that part of the district.

REPORTS TO THE EDUCATION COMMITTEE.

From time to time throughout the year the School Medical Officer has reported in writing and verbally to the Education Committee. A report to them in November set out the financial benefits that would follow the appointment of additional nurses. Practical experience shows that, if a nurse can visit each school every morning and "follow up" the absentees, the school attendance is vastly increased. The appointment in this Borough of six additional nurses should actually result in a saving of two or three hundred pounds a year. But apart from the relief of the rates, the children would gain an incalculable amount of good (not to be measured in terms of money) from the work of additional nurses.

THE IMPROVEMENTS MADE DURING THE PAST YEAR.

Before I end this Report I think it will be well to summarise the ways in which the Education Committee has improved the School Medical Service during 1920.

1. The Committee has provided for the operative treatment of enlarged tonsils and adenoids.
2. The New School Clinic at Poole has been built.
3. An additional clerk has been appointed.
4. We now have X-Ray Treatment for Ringworm.
5. We have Hospital In-Patient Treatment for certain cases of Scabies and Impetigo.
6. Prosecutions against the parents of verminous children have been initiated.

WHAT WE NEED IN THE FUTURE.

Although we may congratulate ourselves on the work and on the improvements of the last year, we must still appreciate that our School Medical Service is not yet perfect. Below I give a list of *some* of our needs; but I do not want the Committee to think

that I am asking for all these things at once. These improvements might well, however, form part of the future and foreseeing policy both of the Education Committee and of the public ; since money spent upon the children is money spent well and economically.

1. We need more nurses.
2. Specialist treatment should be available for children who are growing deaf.
3. The School Dental Service ought to be improved.
4. In-patient Hospital Treatment for medical and surgical cases should be provided.
5. We need an open-air school, and school baths.
6. And we want playing fields and properly organised games for the children.
7. There ought to be a Convalescent Home for children who are recovering from illnesses.
8. We should do more for the mentally defective children, and should help to provide our cripple children with the necessary surgical apparatus.

The work of the School Medical Service, that prevents ill health and premature decay, is doing a vast amount of good, not only in the Borough, but also in the county at large. Isolated and spasmodic effort would never do much to improve the race, nor be able to raise the next generation from the swamp of malaise, disability and suffering. But we to-day are laying safe and sure foundations for a new and happier race of men, who, when they look back on our work will be able to say that we brought them out of the horrible pit, out of the mire and clay, and set their feet upon a rock and ordered their goings. And we should keep this ideal in view, this hope of the future ; and labour now for the good of the life that is to come.

APPENDIX.

Borough of Poole.**BAD TEETH AND ILL HEALTH.**

Very many people do not understand how much ill health and disease is caused by dirty mouths and bad teeth. Very many illnesses start because of bad teeth. Nobody wants to suffer from chronic ill health, and no one wants a child to grow up only to be an invalid.

The following diseases and enfeebling conditions are caused through bad teeth: **Ulceration and Inflammation of the Mouth and Throat, Gastritis, Dyspepsia and Indigestion, some cases of Appendicitis, Enlarged Glands and Abscesses in the Neck, Tuberculosis (or Consumption), Rheumatism, Anæmia.** All these crippling conditions which wreck the health and happiness and lead to disease and death are caused by bad teeth.

You should therefore try always to keep the teeth good and to keep the mouth clean, so that you may avoid these illnesses in after years.

It is especially important to take care of the teeth of **growing children.** Decayed teeth should be pulled out or filled, and no child should be allowed to keep even one rotten tooth in its mouth. One bad tooth makes others go bad, and a child who has bad teeth is a child who is being slowly poisoned.

We all of us want to see the children in this town growing up strong and healthy, and for this reason the Education Authority have established a **New Dental Clinic** at Poole, where Dental Surgeons will give dental treatment to all school children. In this way we hope to save the lives of some children and to safeguard the health of very many.

It is never too early to begin to prevent disease, and it is much easier and better to put a child's teeth right than to try to cure the young man or woman in a few years' time who has some crippling and distressing disease. So while the child is at school make the fullest use of the Dental Clinic that has been provided for the treatment of school children's teeth, and the child will thank you in years to come.

To prevent the decay of teeth.

1. Do not let the child eat sweets, especially at night-time.
2. Make it use a toothbrush night and morning.

Take an interest in the Health and the Teeth of your child.

A. T. NANKIVELL, M.D.,

School Medical Officer, Poole.

LIST OF TABLES.

1. Number of Children Inspected.
2. Return of Defects found in the course of Medical Inspection.
3. Numerical Return of Exceptional Children.
4. A.—Treatment of Defects of Children.
B.—Treatment of Visual Defects.
C.—Treatment of Defects of Nose and Throat.
D.—Treatment of Dental Defects.
5. Summary of Treatment of Defects.
6. Summary of Children Medically Inspected.
7. Record of Work at Minor Ailment Treatment Centres.
8. Physical Condition of Children Inspected.
9. Weekly Incidence of Impetigo during 1920.
10. Particulars of Employment out of School Hours.
11. Statistics of Attendance, etc.

TABLE 1.

**NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1920,
to 31st DECEMBER, 1920.**

A.—“ CODE ” GROUP.

Age.	Entrants.				
	3.	4.	5.	6.	Total.
Boys	6	76	127	69	278
Girls	10	78	112	75	275
Totals ...	16	154	239	144	553

Age.	Inter- md'te Group.	Leavers.				Grand Total.
		8.	12.	13.	14.	Total.
Boys	348	281	48	9	338	964
Girls	321	275	43	11	329	925
Totals ...	669	556	91	20	667	1889

B.—GROUPS OTHER THAN “ CODE.”

Intermediate Group (other than 8 years)	Special cases and ailing children	Re-examinations.
Nil.	5,940	3,310

NUMBER OF CHILDREN INSPECTED AT VARIOUS AGES
IN 1911

TABLE 1

Age	1	2	3	4	5
1911	100	100	100	100	100
1912	100	100	100	100	100
1913	100	100	100	100	100

Age	1	2	3	4	5	6	7
1911	100	100	100	100	100	100	100
1912	100	100	100	100	100	100	100
1913	100	100	100	100	100	100	100

TABLE 2

Age	1	2	3	4	5	6	7
1911	100	100	100	100	100	100	100
1912	100	100	100	100	100	100	100
1913	100	100	100	100	100	100	100

TABLE 2.

RETURN OF DEFECTS FOUND IN COURSE OF MEDICAL INSPECTION IN 1920.

Defect or Disease.	Code Groups.		Specials and Ailing Children.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
SKIN	Malnutrition ...	118	24	
	Uncleanliness: ...			
	Head ...	158	75	
	Body ...	161	10	
	Ringworm: ...	1	78	
	Head ...		113	
	Body ...	10	306	
	Scabies ...	9	900	
	Impetigo ...	7	926	
	Other Disease ...			
EYE	Defective Vision and Squint ...	260	186	
	External Eye Disease ...	15	238	
EAR	Defective Hearing ...	2	17	30
	Ear Disease ...	3	96	
TEETH	Dental Disease (see also Table 4D)	252	259	
NOSE AND THROAT	Enlarged Tonsils & Adenoids ...	431	177	
	Defective Speech			5
HEART & CIRCULATION	Heart Disease: ...			
	Organic ...		12	
	Functional ...			
LUNGS	Pulmonary Tuberculosis: ...			
	Definite ...	9	25	70
	Suspected ...	35		81
	Chronic Bronchitis ...			
	Other Disease ...			
NERVOUS SYSTEM	Epilepsy ...			2
	Chorea ...			4
	Other Disease ...			2
	Non-Pulmonary Tuberculosis: ...			
	Glands ...			
	Bones & joints ...		7	
	Other Forms ...			
	Rickets ...			
	Deformities ...		28	
	Other Defects or Diseases ...	270	215	834
TOTALS		1741.	3692	1028

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE
 IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES
 PASSED MAY 1, 1899

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE	IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES	PASSED MAY 1, 1899
The following is a list of the lands owned by the United States in the State of California, as reported by the Commissioner of the General Land Office, in response to a resolution of the House of Representatives, passed May 1, 1899.	The following is a list of the lands owned by the United States in the State of California, as reported by the Commissioner of the General Land Office, in response to a resolution of the House of Representatives, passed May 1, 1899.	The following is a list of the lands owned by the United States in the State of California, as reported by the Commissioner of the General Land Office, in response to a resolution of the House of Representatives, passed May 1, 1899.
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TABLE 3.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1920.

	Boys.	Girls.	Total.
BLIND. (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	—	—	—
DEAF AND DUMB. (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	3	1	4
MENTALLY DEFICIENT.	—	—	—
Attending Public Elementary Schools ...	—	—	—
Attending Certified Schools for the Blind	—	—	—
Not at School	—	—	—
Attending Public Elementary Schools ...	—	—	—
Attending Certified Schools for the Deaf	—	—	—
Not at School	—	—	—
Attending Public Elementary Schools ...	8	4	12
Attending Certified Schools for Mentally Defective Children	—	—	—
Notified to the Local Control Authority by Local Education Authority during the Year...	—	2	2
Not at School	6	1	7
Imbeciles.	3	1	4
Idiots.	1	1	2
Attending Public Elementary Schools ...	—	2	2
Attending Certified Schools for Epileptics	—	—	—
In Institutions other than Certified Schools	—	—	—
Not at School	—	—	—
Attending Public Elementary Schools ...	46	30	76
Attending Certified Schools for Physically Defective Children	—	—	—
In Institutions other than Certified Schools	—	—	—
Not at School	—	—	—
Attending Public Elementary Schools ...	—	—	—
Attending Certified Schools for Physically Defective Children	1	—	1
In Institutions other than Certified Schools	—	—	—
Not at School	—	—	—
Crippling due to Tuberculosis.	11	6	17
Attending Public Elementary Schools ...	—	—	—
Attending Certified Schools for Physically Defective Children	—	—	—
In Institutions other than Certified Schools	—	—	—
Not at School	—	—	—
Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	—	—	—
Attending Public Elementary Schools ...	—	—	—
Attending Certified Schools for Physically Defective Children	—	—	—
In Institutions other than Certified Schools	—	—	—
Not at School	—	—	—
Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease.	80	60	140
Attending Public Elementary Schools ...	—	—	—
Attending Open-Air Schools	—	—	—
Attending Certified Schools for Physically Defective Children other than Open-Air Schools	—	—	—
Retarded 2 years	14	14	28
DULL OR BACKWARD.	—	—	—

REPORT ON THE PROGRESS OF THE WORK DURING THE YEAR 1900

Date	Place	Description of Work
1900	London	Visited the British Museum and the Natural History Museum. Collected a large number of insects, including many new species. Also collected a number of plants and animals.
1901	Paris	Visited the Muséum National d'Histoire Naturelle. Collected a number of insects, including many new species. Also collected a number of plants and animals.
1902	Geneva	Visited the Muséum d'Histoire Naturelle. Collected a number of insects, including many new species. Also collected a number of plants and animals.
1903	Bern	Visited the Naturhistorisches Museum. Collected a number of insects, including many new species. Also collected a number of plants and animals.
1904	Basle	Visited the Naturhistorisches Museum. Collected a number of insects, including many new species. Also collected a number of plants and animals.
1905	Zurich	Visited the Naturhistorisches Museum. Collected a number of insects, including many new species. Also collected a number of plants and animals.
1906	St. Gallen	Visited the Naturhistorisches Museum. Collected a number of insects, including many new species. Also collected a number of plants and animals.
1907	Appenzel A. O.	Visited the Naturhistorisches Museum. Collected a number of insects, including many new species. Also collected a number of plants and animals.

TABLE 4A.

TREATMENT OF DEFECTS OF CHILDREN DURING 1920.

Condition.	No. of defects found for which Treatment was considered necessary.	No. of defects for which no report is available.	No. of defects treated.	No. of defects not treated.	Percentage of defects treated.
Cleanliness of head	233	—	233	—	100
Cleanliness of body	171	171	—	—	—
Nutrition	142	142	—	—	—
Nose and throat (not including sore throat)	592	103	270	219	46
External eye disease	253	15	238	—	94
Ear disease	99	5	94	—	95
Teeth	3134	2721	413	—	13
Heart and circulation	12	—	12	—	100
Lungs	69	—	69	—	100
Nervous system	—	—	—	—	—
Skin	2350	27	2323	—	99
Rickets	—	—	—	—	—
Deformities	28	—	28	—	100
Tuberculosis—non-pulmonary	7	—	7	—	100
Speech	—	—	—	—	—
Mental condition	19	—	—	19	—
Vision and squint	618	71	394	153	64
Hearing	19	—	19	—	100
Miscellaneous	485	49	436	—	90
Total	8231	3304	4536	391	55

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TABLE 4B.

TREATMENT OF VISUAL DEFECTS.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.				For whom glasses were prescribed.	For whom glasses were provided.	Recommended for treatment other than by glasses.	Received other forms of treatment.	For whom no treatment was considered necessary.
	Under Local Education Authority's Scheme (Clinic or Hospital).	By Private Practitioner or Hospital.	Otherwise.	Total.					
618	547	—	—	547	372	269	22	22	153

TABLE 4C.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.		
	Received Operative Treatment.		Received other forms of Treatment.
	Under Local Education Authority's Scheme (Clinic or Hospital.)	By Private Practitioner or Hospital.	Total.
373	249	18	267
			3

Date	Time	Place	Remarks	Signature
1901	10:00	New York	Arrived at New York	J. H. Smith
1901	11:00	New York	Left New York	J. H. Smith
1901	12:00	New York	Arrived at New York	J. H. Smith
1901	13:00	New York	Left New York	J. H. Smith

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TABLE 4D.

TREATMENT OF DENTAL DEFECTS.

	Age Groups.										"Specials"	Total.
	5	6	7	8	9	10	11	12	13	14		
Inspected by Dentist ...	—	188	407	614	607	610	598	870	—	—	—	3,894
Referred for Treatment	—	101	327	504	439	434	326	492	—	—	234	2,857
Actually Treated	—	—	—	—	—	—	—	—	—	—	—	413
Re-Treated (Result of Periodical Examination)	—	—	—	—	—	—	—	—	—	—	—	—

The Dental Surgeons devoted 68 hours to inspection, and 43 half-days to treatment.

A general anaesthetic (Nitrous Oxide) was given on 64 occasions.

The total number of extractions was 720.

The total number of fillings and scalings was 10.

TABLE 5.

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE 4.

Disease or Defect.	Number of children.			
	Referred for treatment.	Treated.		Total.
		Under Local Education Authority's Scheme.	Otherwise.	
Minor Ailments	3499	3105	—	3105
Visual Defects	618	394	—	394
Defects of Nose and Throat	592	249	21	270
Dental Defects	3134	413	—	413
Other Defects	388	354	—	354
Total	8231	4515	21	4536

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TABLE 6.

**SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED DURING
THE YEAR 1920.**

	Routine.	Special.	Total.
(1) The total number of children medically inspected ...	1,889	5,940	7,829
(2) The number of children in (1) suffering from—			
Malnutrition	118	24	142
Skin Disease... ..	27	2,323	2,350
Defective Vision (including Squint)	260	186	446
Eye Disease	15	238	253
Defective Hearing	2	17	19
Ear Disease	7	126	133
Nose and Throat Disease	435	1,402	1,837
Enlarged Cervical Glands (non-tubercular)	211	87	298
Defective Speech	3	—	3
Dental Disease	1,212	259	1,471
Heart Disease—Organic... ..	35	12	47
Functional	5	—	5
Anæmia	9	—	9
Lung Disease (non-tubercular)	48	81	129
Tuberculosis—			
Pulmonary—Definite	9	25	34
—Suspected	35	70	105
Non-pulmonary	4	7	11
Disease of the Nervous System	1	8	9
Deformities	30	28	58
Other Defects and Diseases	70	962	1,032
(3) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or foot-gear) who require to be kept under observation (but not referred for treatment)	1,101	1,028	2,129
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.)	1,422	3,607	5,029
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	—	—	4,533

SUMMARY RELATING TO EUROPEAN MEDICAL
THE YEAR 1920

1920	1919	1918	1917	1916	1915
<p>(1) The number of cases of influenza reported in the year 1920 was 1,000,000.</p>	<p>(2) The number of cases of influenza reported in the year 1919 was 1,000,000.</p>	<p>(3) The number of cases of influenza reported in the year 1918 was 1,000,000.</p>	<p>(4) The number of cases of influenza reported in the year 1917 was 1,000,000.</p>	<p>(5) The number of cases of influenza reported in the year 1916 was 1,000,000.</p>	<p>(6) The number of cases of influenza reported in the year 1915 was 1,000,000.</p>
<p>(7) The number of cases of influenza reported in the year 1920 was 1,000,000.</p>	<p>(8) The number of cases of influenza reported in the year 1919 was 1,000,000.</p>	<p>(9) The number of cases of influenza reported in the year 1918 was 1,000,000.</p>	<p>(10) The number of cases of influenza reported in the year 1917 was 1,000,000.</p>	<p>(11) The number of cases of influenza reported in the year 1916 was 1,000,000.</p>	<p>(12) The number of cases of influenza reported in the year 1915 was 1,000,000.</p>

TABLE 7.

RECORD OF WORK AT POOLE AND BRANKSOME MINOR AILMENT TREATMENT CENTRES.

CONDITION.		Poole.		Branksome.		Total.	
		No. of Individual Children.	No. of Consultations.	No. of Individual Children.	No. of Consultations.	No. of Individual Children.	No. of Consultations.
SKIN	Malnutrition	2	3	22	25	24	28
	Uncleanliness—Head	27	59	48	73	75	132
	" Body	4	6	6	16	10	22
	Ringworm—Head	22	125	56	251	78	376
	" Body	52	105	61	85	113	190
	Scabies	148	365	158	239	306	604
	Impetigo	348	880	552	1013	900	1893
	Injuries	160	308	99	174	259	482
	Septic Sores	383	770	148	279	531	1049
	Other Skin Diseases	76	119	60	85	136	204
EYE	Blepharitis—Septic Eyelids	70	165	73	126	143	291
	Conjunctivitis	5	8	16	39	21	47
	Corneal Ulcer	16	31	19	30	35	61
	Defective Vision	67	90	66	98	133	188
	Squint	46	54	7	7	53	61
	Other Eye Conditions	16	24	23	30	39	54
	Cerumen	6	7	11	15	17	22
	Otitis Media	49	230	44	83	93	313
NOSE AND THROAT	Other Ear Diseases	24	28	9	23	33	51
	Enlarged Tonsils and Adenoids	97	125	80	113	177	238
	Sore Throat	235	373	218	312	453	685
	Swabs taken in Clinics	472	—	300	—	772	—
CHEST	Adenitis	42	53	45	69	87	122
	Defective Teeth	158	177	101	152	259	329
	Morbus Cordis	2	2	10	10	12	12
	Bronchitis	14	19	67	86	81	105
	Pre-Tuberculosis	17	22	53	64	70	86
	Tuberculosis of Lungs	14	29	11	16	25	45
	Other forms of Tuberculosis	7	11	—	—	7	11
	Nervous Diseases	5	5	3	3	8	8
	Deformities and Rickets	11	13	17	17	28	30
	Common Infectious Diseases	60	82	68	89	128	171
	Mentally Defective Children	7	8	14	21	21	29
	Advice and Various	547	830	266	415	813	1245
TOTALS		3209	5126	2731	4058	5940	9184

RECORD OF AUREA LA LOUPE AND SEVERAL OTHER INDIAN CRAFTS

TABLE A

No.	Name of Craft	Production				Total
		1900	1901	1902	1903	
1	Handmade Pottery	1000	1200	1500	1800	5500
2	Handmade Basketry	800	900	1100	1300	4100
3	Handmade Textiles	600	700	800	900	3000
4	Handmade Jewelry	400	500	600	700	2200
5	Handmade Carvings	200	300	400	500	1400
6	Handmade Weaving	100	200	300	400	1000
7	Handmade Leather Goods	50	100	150	200	500
8	Handmade Woodwork	20	40	60	80	200
9	Handmade Metalwork	10	20	30	40	100
10	Handmade Paper Goods	5	10	15	20	50
11	Handmade Glassware	2	4	6	8	20
12	Handmade Stone Carvings	1	2	3	4	10
13	Handmade Bone Carvings	1	2	3	4	10
14	Handmade Shell Carvings	1	2	3	4	10
15	Handmade Feather Carvings	1	2	3	4	10
16	Handmade Hair Carvings	1	2	3	4	10
17	Handmade Skin Carvings	1	2	3	4	10
18	Handmade Bone Carvings	1	2	3	4	10
19	Handmade Shell Carvings	1	2	3	4	10
20	Handmade Feather Carvings	1	2	3	4	10
21	Handmade Hair Carvings	1	2	3	4	10
22	Handmade Skin Carvings	1	2	3	4	10
23	Handmade Bone Carvings	1	2	3	4	10
24	Handmade Shell Carvings	1	2	3	4	10
25	Handmade Feather Carvings	1	2	3	4	10
26	Handmade Hair Carvings	1	2	3	4	10
27	Handmade Skin Carvings	1	2	3	4	10
28	Handmade Bone Carvings	1	2	3	4	10
29	Handmade Shell Carvings	1	2	3	4	10
30	Handmade Feather Carvings	1	2	3	4	10
31	Handmade Hair Carvings	1	2	3	4	10
32	Handmade Skin Carvings	1	2	3	4	10
33	Handmade Bone Carvings	1	2	3	4	10
34	Handmade Shell Carvings	1	2	3	4	10
35	Handmade Feather Carvings	1	2	3	4	10
36	Handmade Hair Carvings	1	2	3	4	10
37	Handmade Skin Carvings	1	2	3	4	10
38	Handmade Bone Carvings	1	2	3	4	10
39	Handmade Shell Carvings	1	2	3	4	10
40	Handmade Feather Carvings	1	2	3	4	10
41	Handmade Hair Carvings	1	2	3	4	10
42	Handmade Skin Carvings	1	2	3	4	10
43	Handmade Bone Carvings	1	2	3	4	10
44	Handmade Shell Carvings	1	2	3	4	10
45	Handmade Feather Carvings	1	2	3	4	10
46	Handmade Hair Carvings	1	2	3	4	10
47	Handmade Skin Carvings	1	2	3	4	10
48	Handmade Bone Carvings	1	2	3	4	10
49	Handmade Shell Carvings	1	2	3	4	10
50	Handmade Feather Carvings	1	2	3	4	10
51	Handmade Hair Carvings	1	2	3	4	10
52	Handmade Skin Carvings	1	2	3	4	10
53	Handmade Bone Carvings	1	2	3	4	10
54	Handmade Shell Carvings	1	2	3	4	10
55	Handmade Feather Carvings	1	2	3	4	10
56	Handmade Hair Carvings	1	2	3	4	10
57	Handmade Skin Carvings	1	2	3	4	10
58	Handmade Bone Carvings	1	2	3	4	10
59	Handmade Shell Carvings	1	2	3	4	10
60	Handmade Feather Carvings	1	2	3	4	10
61	Handmade Hair Carvings	1	2	3	4	10
62	Handmade Skin Carvings	1	2	3	4	10
63	Handmade Bone Carvings	1	2	3	4	10
64	Handmade Shell Carvings	1	2	3	4	10
65	Handmade Feather Carvings	1	2	3	4	10
66	Handmade Hair Carvings	1	2	3	4	10
67	Handmade Skin Carvings	1	2	3	4	10
68	Handmade Bone Carvings	1	2	3	4	10
69	Handmade Shell Carvings	1	2	3	4	10
70	Handmade Feather Carvings	1	2	3	4	10
71	Handmade Hair Carvings	1	2	3	4	10
72	Handmade Skin Carvings	1	2	3	4	10
73	Handmade Bone Carvings	1	2	3	4	10
74	Handmade Shell Carvings	1	2	3	4	10
75	Handmade Feather Carvings	1	2	3	4	10
76	Handmade Hair Carvings	1	2	3	4	10
77	Handmade Skin Carvings	1	2	3	4	10
78	Handmade Bone Carvings	1	2	3	4	10
79	Handmade Shell Carvings	1	2	3	4	10
80	Handmade Feather Carvings	1	2	3	4	10
81	Handmade Hair Carvings	1	2	3	4	10
82	Handmade Skin Carvings	1	2	3	4	10
83	Handmade Bone Carvings	1	2	3	4	10
84	Handmade Shell Carvings	1	2	3	4	10
85	Handmade Feather Carvings	1	2	3	4	10
86	Handmade Hair Carvings	1	2	3	4	10
87	Handmade Skin Carvings	1	2	3	4	10
88	Handmade Bone Carvings	1	2	3	4	10
89	Handmade Shell Carvings	1	2	3	4	10
90	Handmade Feather Carvings	1	2	3	4	10
91	Handmade Hair Carvings	1	2	3	4	10
92	Handmade Skin Carvings	1	2	3	4	10
93	Handmade Bone Carvings	1	2	3	4	10
94	Handmade Shell Carvings	1	2	3	4	10
95	Handmade Feather Carvings	1	2	3	4	10
96	Handmade Hair Carvings	1	2	3	4	10
97	Handmade Skin Carvings	1	2	3	4	10
98	Handmade Bone Carvings	1	2	3	4	10
99	Handmade Shell Carvings	1	2	3	4	10
100	Handmade Feather Carvings	1	2	3	4	10

TABLE 8.

**RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED AT
ROUTINE CODE EXAMINATIONS.**

CONDITION.		ENTRANTS.		INTER-MEDIATES.		LEAVERS.		TOTAL.	
		No.	Percntge.	No.	Percntge.	No.	Percntge.	No.	Percntge.
CLOTHING.	Satisfactory Unsatisfactory	552 1	99.82 .18	669 —	100.00 —	667 —	100.00 —	1888 1	99.95 .05
FOOTWEAR.	Satisfactory Unsatisfactory	552 1	99.82 .18	668 1	99.85 .15	666 1	99.85 .15	1886 3	99.84 .16
NUTRITION.	Normal Below Normal Bad	540 13 —	97.65 2.35 —	619 48 2	92.53 7.17 .30	612 55 —	91.75 8.25 —	1771 116 2	93.76 6.14 .10
CLEANLINESS OF HEAD.	Clean(<i>i.e.</i> no Nits or Pediculi) Nits only Pediculi	542 11 —	98.02 1.98 —	592 77 —	88.49 11.51 —	597 65 5	89.50 9.75 .75	1731 153 5	91.64 8.10 .26
CLEANLINESS OF BODY.	Clean Dirty Pediculi	497 45 11	89.88 8.14 1.98	612 55 2	91.48 8.22 .30	619 46 2	92.80 6.90 .30	1728 146 15	91.48 7.73 .79
TEETH.	Sound Less than 4 decayed Four or more decayed	277 205 71	50.09 37.07 12.84	143 408 118	21.38 60.98 17.64	257 347 63	38.53 52.02 9.45	677 960 252	35.84 50.82 13.34
SKIN.	No disease Ringworm :—Head Body Scabies Impetigo Other diseases (non-Tubercular)	542 1 — 1 5 4	98.02 .18 — .18 .90 .72	657 — — 7 4 1	98.20 — — 1.05 .60 .15	663 — — 2 — 2	99.40 — — .30 — .30	1862 1 — 10 9 7	98.58 .05 — .53 .47 .37
EYE.	No disease Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions	535 5 — — — 2 11 —	96.76 .90 — — — .36 1.98 —	544 2 — — — 120 2 —	81.31 .30 — — — 17.94 .30 —	535 5 — 2 — 124 1 —	80.31 .75 — .30 — 18.59 .15 —	1614 12 — — — 246 14 —	85.45 .64 — — — 13.02 .74 —
EAR.	No disease Defective Hearing Otitis Media Other Ear Diseases	550 1 1 1	99.46 .18 .18 .18	664 — 2 3	99.25 — .30 .45	666 1 — —	99.85 .15 — —	1880 2 3 4	99.53 .10 .16 .21
NOSE AND THROAT.	Normal Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions	388 159 2 4 —	70.17 28.75 .36 .72 —	527 117 17 4 4	78.75 17.49 2.56 .60 .60	539 120 2 6 —	80.81 17.99 .30 .90 —	1454 396 21 14 4	76.98 20.96 1.11 .74 .21
ENLARGED CERVICAL GLANDS.	(Non-Tubercular)	66	11.93	105	15.69	40	6.00	211	11.17
SPEECH.	Normal Defective	552 1	99.82 .18	668 1	99.85 .15	666 1	99.85 .15	1886 3	99.84 .16
HEART AND CIRCULATION.	No disease Disease :—Organic Functional Anemia	542 6 — 5	98.02 1.08 — .90	653 12 3 1	97.61 1.79 .45 .15	645 17 2 3	96.70 2.55 .30 .45	1840 35 5 9	97.42 1.85 .26 .47
LUNGS.	No disease Bronchitis Other Non-Tubercular Diseases	538 15 —	97.29 2.71 —	647 22 —	96.71 3.29 —	656 10 1	98.35 1.50 .15	1841 47 1	97.46 2.49 .05
TUBERCULOSIS.	No disease Pulmonary :—Definite Suspected Non-Pulmonary :—Glands Spine Hip Other Bones and Joints Skin Other Forms	541 4 6 1 1 — — — — —	97.84 .72 1.08 .18 .18 — — — — —	649 4 15 1 — — — — — —	97.01 .60 2.24 .15 — — — — — —	651 1 14 1 — — — — — —	97.60 .15 2.10 .15 — — — — — —	1841 9 35 3 1 — — — — — —	97.46 .48 1.85 .16 .05 — — — — — —
NERVOUS SYSTEM.	No disease Epilepsy Chorea Other Conditions	553 — — —	100.00 — — —	668 — — 1	99.85 — — .15	667 — — —	100.00 — — —	1888 — — 1	99.95 — — .05
DEFORMITIES.	No Deformity Rickets Spinal Curvature Other Forms	545 1 2 5	98.56 .18 .36 .90	658 2 — 9	98.35 .30 — 1.35	656 3 1 7	98.35 .45 .15 1.05	1859 6 3 21	98.41 .32 .16 1.11
OTHER DEFECTS AND DISEASES.	Oral Sepsis Congenital Syphilis Enlarged Thyroid Gland Hernia Ichthyosis Cleft Palate & Harelip Obesity	2 — — 2 2 3 —	— — — — — — —	9 1 — — 4 — —	— — — — — — —	35 3 3 1 2 1 2	— — — — — — —	46 4 3 3 8 4 2	— — — — — — —

TABLE 9.

WEEKLY INCIDENCE OF IMPETIGO DURING 1920.

Month.	1st. Week.	2nd. Week.	3rd. Week.	4th. Week.	5th. Week.
January	305	337	287	144	—
February	144	176	123	134	—
March	105	46	69	106	27
April	—	56	57	76	—
May	53	56	34	—	—
June	118	59	31	31	60
July	16	16	—	—	—
August	—	—	—	109	—
September	64	35	38	65	22
October	6	78	69	99	—
November	93	106	92	45	—
December	37	49	16	6	—

TABLE 10.

PARTICULARS OF EMPLOYMENT OUT OF SCHOOL HOURS.**HOUSEWORK.**

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.
Under 3/-	1	1	—
3/- to 7/-	1	—	—
7/- and over	—	—	—

HOLIDAY WORK.

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.
Under 3/-	8	—	—
3/- to 7/-	10	—	—
7/- and over.	—	—	—

VARIOUS.

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.
Under 3/-	17	—	—
3/- to 7/-	15	1	—
7/- and over.	2	—	—

ERRAND BOYS.

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.
Under 3/-	39	—	—
3/- to 7/-	31	13	5
7/- and over.	3	3	—

NEWSPAPER BOYS.

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.
Under 3/-	9	—	—
3/- to 7/-	14	—	1
7/- and over.	—	—	—

LATHER BOYS.

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.
Under 3/-	—	—	—
3/- to 7/-	2	2	—
7/- and over.	—	—	—

TOTALS.

Wages.	Under 20 hrs.	20/30 hours.	30/40 hours.	Totals.
Under 3/-	74	1	—	75
3/- to 7/-	73	16	6	95
7/- and over.	5	3	—	8
Totals ...	152	20	6	178

TABLE 11.

STATISTICS OF ATTENDANCE, etc.

School.	Accommo- dation.	Average Attendance.	No. on Admission Register at end of year.
Hamworthy :			
Mixed Department	231	195	191
Infants' „ ..	170	81	82
St. James' :			
Girls' Department...	243	203	233
Infants' „ ...	120	119	145
St. Mary's R.C. :			
Mixed Department	101	90	107
St. Paul's :			
Infants' Department	198	135	155
National :			
Boys' Department	273	232	254
South Road :			
Boys' Department	290	261	273
Girls' „ ...	300	267	281
Lagland Street :			
Infants' Department	249	217	262
Longfleet :			
Boys' Department	240	170	180
Girls' „ ...	153	136	136
Infants' „ ..	170	143	183
Oakdale :			
Mixed Department	230	184	211
St. Peter's :			
Boys' Department	233	133	150
Girls' „ ...	149	135	149
Infants' „ ...	140	114	136
Branksome Heath :			
Boys' Department	230	228	248
Girls' „ ...	258	223	245
Infants' „ ...	190	179	219
Courthill :			
Mixed Department	400	386	408
Infants' „ ...	250	237	281
Heatherlands :			
Boys' Department	312	321	376
Girls' „ ...	300	295	354
Infants' „ ...	300	271	318
St. Aldhelm's :			
Boys' Department	232	232	250
Girls' „ ...	201	218	227
Infants' „ ...	218	166	209
Totals ...	6,381	—	6,263

62-412

1. $\frac{1}{2}$ 2. $\frac{1}{3}$ 3. $\frac{1}{4}$ 4. $\frac{1}{5}$ 5. $\frac{1}{6}$ 6. $\frac{1}{7}$ 7. $\frac{1}{8}$ 8. $\frac{1}{9}$ 9. $\frac{1}{10}$ 10. $\frac{1}{11}$ 11. $\frac{1}{12}$ 12. $\frac{1}{13}$ 13. $\frac{1}{14}$ 14. $\frac{1}{15}$ 15. $\frac{1}{16}$ 16. $\frac{1}{17}$ 17. $\frac{1}{18}$ 18. $\frac{1}{19}$ 19. $\frac{1}{20}$ 20. $\frac{1}{21}$ 21. $\frac{1}{22}$ 22. $\frac{1}{23}$ 23. $\frac{1}{24}$ 24. $\frac{1}{25}$ 25. $\frac{1}{26}$ 26. $\frac{1}{27}$ 27. $\frac{1}{28}$ 28. $\frac{1}{29}$ 29. $\frac{1}{30}$ 30. $\frac{1}{31}$ 31. $\frac{1}{32}$ 32. $\frac{1}{33}$ 33. $\frac{1}{34}$ 34. $\frac{1}{35}$ 35. $\frac{1}{36}$ 36. $\frac{1}{37}$ 37. $\frac{1}{38}$ 38. $\frac{1}{39}$ 39. $\frac{1}{40}$ 40. $\frac{1}{41}$ 41. $\frac{1}{42}$ 42. $\frac{1}{43}$ 43. $\frac{1}{44}$ 44. $\frac{1}{45}$ 45. $\frac{1}{46}$ 46. $\frac{1}{47}$ 47. $\frac{1}{48}$ 48. $\frac{1}{49}$ 49. $\frac{1}{50}$ 50. $\frac{1}{51}$ 51. $\frac{1}{52}$ 52. $\frac{1}{53}$ 53. $\frac{1}{54}$ 54. $\frac{1}{55}$ 55. $\frac{1}{56}$ 56. $\frac{1}{57}$ 57. $\frac{1}{58}$ 58. $\frac{1}{59}$ 59. $\frac{1}{60}$ 60. $\frac{1}{61}$ 61. $\frac{1}{62}$ 62. $\frac{1}{63}$ 63. $\frac{1}{64}$ 64. $\frac{1}{65}$ 65. $\frac{1}{66}$ 66. $\frac{1}{67}$ 67. $\frac{1}{68}$ 68. $\frac{1}{69}$ 69. $\frac{1}{70}$ 70. $\frac{1}{71}$ 71. $\frac{1}{72}$ 72. $\frac{1}{73}$ 73. $\frac{1}{74}$ 74. $\frac{1}{75}$ 75. $\frac{1}{76}$ 76. $\frac{1}{77}$ 77. $\frac{1}{78}$ 78. $\frac{1}{79}$ 79. $\frac{1}{80}$ 80. $\frac{1}{81}$ 81. $\frac{1}{82}$ 82. $\frac{1}{83}$ 83. $\frac{1}{84}$ 84. $\frac{1}{85}$ 85. $\frac{1}{86}$ 86. $\frac{1}{87}$ 87. $\frac{1}{88}$ 88. $\frac{1}{89}$ 89. $\frac{1}{90}$ 90. $\frac{1}{91}$ 91. $\frac{1}{92}$ 92. $\frac{1}{93}$ 93. $\frac{1}{94}$ 94. $\frac{1}{95}$ 95. $\frac{1}{96}$ 96. $\frac{1}{97}$ 97. $\frac{1}{98}$ 98. $\frac{1}{99}$ 99. $\frac{1}{100}$ 100. $\frac{1}{101}$ 101. $\frac{1}{102}$ 102. $\frac{1}{103}$ 103. $\frac{1}{104}$ 104. $\frac{1}{105}$ 105. $\frac{1}{106}$ 106. $\frac{1}{107}$ 107. $\frac{1}{108}$ 108. $\frac{1}{109}$ 109. $\frac{1}{110}$ 110. $\frac{1}{111}$ 111. $\frac{1}{112}$ 112. $\frac{1}{113}$ 113. $\frac{1}{114}$ 114. $\frac{1}{115}$ 115. $\frac{1}{116}$ 116. $\frac{1}{117}$ 117. $\frac{1}{118}$ 118. $\frac{1}{119}$ 119. $\frac{1}{120}$ 120. $\frac{1}{121}$ 121. $\frac{1}{122}$ 122. $\frac{1}{123}$ 123. $\frac{1}{124}$ 124. $\frac{1}{125}$ 125. $\frac{1}{126}$ 126. $\frac{1}{127}$ 127. $\frac{1}{128}$ 128. $\frac{1}{129}$ 129. $\frac{1}{130}$ 130. $\frac{1}{131}$ 131. $\frac{1}{132}$ 132. $\frac{1}{133}$ 133. $\frac{1}{134}$ 134. $\frac{1}{135}$ 135. $\frac{1}{136}$ 136. $\frac{1}{137}$ 137. $\frac{1}{138}$ 138. $\frac{1}{139}$ 139. $\frac{1}{140}$ 140. $\frac{1}{141}$ 141. $\frac{1}{142}$ 142. $\frac{1}{143}$ 143. $\frac{1}{144}$ 144. $\frac{1}{145}$ 145. $\frac{1}{146}$ 146. $\frac{1}{147}$ 147. $\frac{1}{148}$ 148. $\frac{1}{149}$ 149. $\frac{1}{150}$ 150. $\frac{1}{151}$ 151. $\frac{1}{152}$ 152. $\frac{1}{153}$ 153. $\frac{1}{154}$ 154. $\frac{1}{155}$ 155. $\frac{1}{156}$ 156. $\frac{1}{157}$ 157. $\frac{1}{158}$ 158. $\frac{1}{159}$ 159. $\frac{1}{160}$ 160. $\frac{1}{161}$ 161. $\frac{1}{162}$ 162. $\frac{1}{163}$ 163. $\frac{1}{164}$ 164. $\frac{1}{165}$ 165. $\frac{1}{166}$ 166. $\frac{1}{167}$ 167. $\frac{1}{168}$ 168. $\frac{1}{169}$ 169. $\frac{1}{170}$ 170. $\frac{1}{171}$ 171. $\frac{1}{172}$ 172. $\frac{1}{173}$ 173. $\frac{1}{174}$ 174. $\frac{1}{175}$ 175. $\frac{1}{176}$ 176. $\frac{1}{177}$ 177. $\frac{1}{178}$ 178. $\frac{1}{179}$ 179. $\frac{1}{180}$ 180. $\frac{1}{181}$ 181. $\frac{1}{182}$ 182. $\frac{1}{183}$ 183. $\frac{1}{184}$ 184. $\frac{1}{185}$ 185. $\frac{1}{186}$ 186. $\frac{1}{187}$ 187. $\frac{1}{188}$ 188. $\frac{1}{189}$ 189. $\frac{1}{190}$ 190. $\frac{1}{191}$ 191. $\frac{1}{192}$ 192. $\frac{1}{193}$ 193. $\frac{1}{194}$ 194. $\frac{1}{195}$ 195. $\frac{1}{196}$ 196. $\frac{1}{197}$ 197. $\frac{1}{198}$ 198. $\frac{1}{199}$ 199. $\frac{1}{200}$ 200. $\frac{1}{201}$ 201. $\frac{1}{202}$ 202. $\frac{1}{203}$ 203. $\frac{1}{204}$ 204. $\frac{1}{205}$ 205. $\frac{1}{206}$ 206. $\frac{1}{207}$ 207. $\frac{1}{208}$ 208. $\frac{1}{209}$ 209. $\frac{1}{210}$ 210. $\frac{1}{211}$ 211. $\frac{1}{212}$ 212. $\frac{1}{213}$ 213. $\frac{1}{214}$ 214. $\frac{1}{215}$ 215. $\frac{1}{216}$ 216. $\frac{1}{217}$ 217. $\frac{1}{218}$ 218. $\frac{1}{219}$ 219. $\frac{1}{220}$ 220. $\frac{1}{221}$ 221. $\frac{1}{222}$ 222. $\frac{1}{223}$ 223. $\frac{1}{224}$ 224. $\frac{1}{225}$ 225. $\frac{1}{226}$ 226. $\frac{1}{227}$ 227. $\frac{1}{228}$ 228. $\frac{1}{229}$ 229. $\frac{1}{230}$ 230. $\frac{1}{231}$ 231. $\frac{1}{232}$ 232. $\frac{1}{233}$ 233. $\frac{1}{234}$ 234. $\frac{1}{235}$ 235. $\frac{1}{236}$ 236. $\frac{1}{237}$ 237. $\frac{1}{238}$ 238. $\frac{1}{239}$ 239. $\frac{1}{240}$ 240

